



## PeakTPA – Provider Remit Address Change Form

PeakTPA requires the following information for remit address changes that do not coordinate with your W9 address on file. Please complete this form in its entirety and include a copy of your current W9 with this request.

Health plan (If known): \_\_\_\_\_

Provider Legal W9 name: \_\_\_\_\_

Provider DBA name (If applicable): \_\_\_\_\_

Provider TIN: \_\_\_\_\_

Provider NPI (attach Roster, if applicable): \_\_\_\_\_

Provider W9 address: \_\_\_\_\_

\_\_\_\_\_

Provider remit address: \_\_\_\_\_

\_\_\_\_\_

Effective date of change: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

### Forms can be returned by:

Fax: 314-961-3456

Email: [inquiry@peak.cpstn.com](mailto:inquiry@peak.cpstn.com)

Mail: 345 Marshall Avenue Suite 101  
St. Louis, MO 63119