



Clinic Legal or Marketing Name Change Form

(This form is not to be used for an ownership change or Tax ID number change)

Current Legal Name of Clinic: _____

Current Marketing Name of Clinic: _____

Tax ID: _____

Effective Date of Change: _____

New Legal Name of Clinic: _____

New Marketing Name of Clinic: _____

*** Please include a W-9 if this change is for a legal name change

Check all that apply

This change effects: ____ Legal Name ____ Marketing Name