COUNTY OF LOS ANGELES● DEPARTMENT OF HEALTH SERVICES
PHYSICIANS/TRAUMA SERVICES FOR INDIGENTS PROGRAM

Tax ID Number (TIN) Query

Physicians must either:

- **provide their personal Social Security Number or TIN to receive a check in their name, OR**
- **provide the Medical Group's name along with the associated TIN to receive a check payable to the Medical Group**

Please fill out the following form to verify tax information:

<u>Tax ID NUMBER – MUST MATCH IRS RECORDS</u> Please include W-9 Form

Physician Name_____

Physician Number ☐☐☐☐☐☐☐☐☐

OR

Medical Group Name_____

Medical Group Number ☐☐☐☐☐☐☐☐☐

Telephone Number (_____)_____-_____

Fax Number (_____)_____-_____

Submitted by_____
Please Print

E-Mail Address_____

Position/Title_____

_____ _____/_____/_____
Signature **Date**

If you have any further questions, please contact the AIA hotline at (800) 303-5242.

FAX THIS FORM TO AIA @ (310) 390-7962