

Dear Valued Customer.

As originally announced in the press release dated March 2, 2017, Change Healthcare LLC and our parent company McKesson Technology Solutions combined to create a new healthcare information technology company that adopted the Change Healthcare name. As part of that combination, Med3000, Inc. also moved to Change Healthcare. Change Healthcare is focused on delivering financial, operational and clinical benefits to the healthcare marketplace. As a wholly-owned subsidiary of Change Healthcare, MED3000, Inc. will align itself with the new company by rebranding as Change Healthcare. In keeping with our commitment to transparency, we want to share some important information that may affect your payment and financial reporting processes in calendar year 2018.

This rebranding process will result in the following name changes:

OLD Contracting Entity Name	NEW Contracting Entity Name				
MED3000, Inc.	Change Healthcare Practice Management Solutions, Inc.				

These changes DO NOT impact the terms or conditions of any contracts that are currently in effect with the old contracting entities, and there will be no disruption to or modification to the services you currently receive. Moreover, existing contracts do not require any immediate changes to the contracting name. Contracts that are renewed or renegotiated in the future will be entered into in the name of the new entity, and will be modified appropriately to reflect such name change.

The previous payee/remit to name was typically **MED3000**, **Inc.** This will need to be modified to Change Healthcare to reflect our new contracting entity name (effective February 1, 2018).

The remittance address for the above entities has not changed and remains:

PO Box 1236, Butler, PA 16003-1236

The rebranding will also impact the W-9 we are required to provide you pursuant to IRS guidelines. We will be providing you a new W-9 for your records that reflects the new name of the company once the name change is effective. Your organization will need this information when creating your 1099-MISC form(s) for the IRS.

We trust this information will help you understand the slight differences that will appear on your invoices beginning with the February 2018 statement. However, in the event you may have additional questions, please contact Julie Tetzloff at 614-749-4152 or julie.tetzloff@mckesson.com.

On behalf of the new Change Healthcare, we thank you for your partnership as we work together to inspire a better healthcare system. Thanks again for your attention to the above information.

Form W-9 (Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line	e; do not leave this line blank						-		-		
	Change Healthcare Practice Management Solutions Inc 2 Business name/disregarded entity name, if different from above											
	Change Healthcare											
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
. 50	single-member LLC Corporation LI S Corporation LI Partnership LI Trust/estate											
ti di	☐ Limited fiability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►						Exempt payee code (if any) 5					
Print or type. Specific Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner of the LLC is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.						Exemption from FATCA reporting code (if any)					
bec	Other (see instructions) ►						(Applies to accounts maintained pulside the U.S.)					
8	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name						and address (optional)					
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backup	our TIN in the appropriate box. The TIN provided must match the n	ame given on line 1 to av	oid So	cial so	curity	number		-				
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.					1			П				
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Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.					identi	dentification number						
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Part	Certification									1		
Under p	penalties of perjury, I certify that:								-			
Servi no lo	number shown on this form is my correct taxpayer identification nur not subject to backup withholding because: (a) I am exempt from b ce (IRS) that I am subject to backup withholding as a result of a fail nger subject to backup withholding; and	carbon withhalding or the	I bearing mark to		ALCOHOL: U			nal Re	ever	nue t I am		
3. I am	a U.S. citizen or other U.S. person (defined below); and											
4. The F	ATCA code(s) entered on this form (if any) indicating that I am exer	npt from FATCA reportin	a is correct.									
Certifica you have acquisiti other tha	ation instructions. You must cross out item 2 above if you have been e failed to report all interest and dividends on your tax return. For real of on or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification,	notified by the IRS that yo	u are current does not ap	tly subj ply. Fo	r mort	gage int	erest	paid,				
Sign Here	Signature of U.S. person ▶		late >	1/3	1/20	18						
	eral Instructions	Form 1099-DIV (div funds)	idends, Incl			-	ocks	or mu	utua	1		
Section references are to the Internal Revenue Code unless otherwise noted.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)										
related t	developments. For the latest information about developments o Form W-9 and its instructions, such as legislation enacted	 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) 										
	y were published, go to www.irs.gov/FormW9.	Form 1099-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions)										
iniormat	dual or entity (Form W-9 requester) who is required to file an ion return with the IRS must obtain your correct taxpayer	Form 1098 (nome mortgage interest), 1098-E (student loan interest), 1098-T (tuition)										
identifica	ation number (TIN) which may be your social security number	Form 1099-C (canceled debt)										
(55N), in	dividual taxpayer identification number (ITIN), adoption identification number (ATIN), or employer identification number	 Form 1099-A (acquisition or abandonment of secured property) 										
amount i	report on an information return the amount paid to you, or other reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.										
returns in	nclude, but are not limited to, the following. 099-INT (interest earned or paid)	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,										