



**Demographic Update Form
Facility/Group (Rev. 092021)**

To update information on an existing provider record, please complete and return this form and supporting documents via:

EMAIL: ProviderOps@MDXHawaii.com

MAIL: MDX Hawaii'i

FAX: 808-532-3396 – Provider Network Ops

Attn Provider Network Operations

500 Ala Moana Blvd Ste 2-200

Honolulu, HI 96813

Please contact Provider Network Operation with any questions:
Phone: 808-532-6989 (O'ahu) 1-800-851-7110 (Neighbor Islands)

PROVIDER NAME: _____

TIN: _____

Please check the update type and complete the appropriate fields.

PRACTIONER ADD (Attach additional pages as necessary)

Name: _____ Effective Date: _____

Practice Address: _____ NPI: _____

PRACTIONER TERMINATE (Attach additional pages as necessary)

Name: _____ Effective Date: _____

Practice Address: _____ NPI: _____

ADDRESS NEW

Applies to: Pay-To/Billing Address Practice Address Effective Date: _____

Street/PO Box: _____ Phone: _____

City, State: _____ Fax: _____

Zip Code: _____ Email: _____

Hours of Operation: _____

Is location accessible to persons with disabilities? Yes No

ADDRESS TERMINATION

Applies to: Pay-To/Billing Address Practice Address Effective Date: _____

Street/PO Box: _____ Phone: _____

City, State: _____ Fax: _____

Zip Code: _____ Email: _____

TIN CHANGE (Please attach a copy of your W 9 for new TIN)

New TIN: _____ Effective Date: _____

Terminate TIN: _____ Effective Date: _____

CONTACT INFORMATION NEW

Applies to: Pay-To/Billing Address Practice Address Effective Date: _____

Email: _____ Phone: _____ Fax: _____

CONTACT INFORMATION TERMINATE

Applies to: Pay-To/Billing Address Practice Address Effective Date: _____

Email: _____ Phone: _____ Fax: _____

OTHER

REQUIRED SUBMITTER INFORMATION

Name of person completing this form: _____ Date: _____

Email: _____ Phone: _____