



**PROVIDER DEMOGRAPHIC UPDATE FORM
(FACILITY/GROUP)**

To update information on an existing provider record, please complete and return this form and supporting documents to MDX Hawaii. If you have questions, please call us at 808-532-6989 on Oahu, or 1-800-851-7110 toll-free from the Neighbor Islands and ask for Provider Network Operations.

GROUP/FACILITY NAME: _____ **TIN:** _____

| | |
|---|---|
| SECTION I: TYPE OF CHANGE [check applicable item(s)] | |
| Add/Terminate Practitioner Address | Taxpayer Identification Number (TIN) Phone/Fax/Email |

SECTION II: EXPLANATION OF CHANGE

ADD PRACTITIONER (ADD ADDITIONAL PAGES AS NECESSARY)

| Practitioner Name | Practice Address | NPI | Effective Date |
|-------------------|------------------|-----|----------------|
| | | | |
| | | | |

TERMINATE PRACTITIONER (ADD ADDITIONAL PAGES AS NECESSARY)

| Practitioner Name | Practice Address | NPI | Effective Date |
|-------------------|------------------|-----|----------------|
| | | | |
| | | | |

NEW ADDRESS CHANGE

Effective Date: _____

Change applies to: Correspondence Address Pay-To/Billing Address Practice Location

Street/P.O. Box: _____ City/State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Hours of Operation: _____

Is location accessible to persons with disabilities? Yes No

TERMINATE ADDRESS CHANGE

Effective Date: _____

Change applies to: Correspondence Address Pay-To/Billing Address Practice location

Street/P.O. Box: _____ City/State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

TIN (For new TIN, please attach a copy of your W-9)

Effective Date: _____ New TIN: _____

Effective Date: _____ Terminate TIN: _____

NEW OR TERMINATE PHONE/FAX/EMAIL

Change applies to: Correspondence Address Pay-To/Billing Address Practice Location

Effective Date: _____ Phone, Fax, and/or Email: _____

Name of person completing this form: _____

Email: _____ Date: _____

Phone: _____

PLEASE RETURN TO MDX HAWAII VIA:

Mail: Attn Provider Network Operations
MDX Hawaii
500 Ala Moana Boulevard Ste. 2200
Honolulu, HI 96813

Fax: 808-532-3396
Email: ProviderOps@MDXHawaii.com