

To update information on an existing provider record, please complete and return this form and supporting documents to MDX Hawaii'i. 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.

PROVIDER NAME: _____ **TIN:** _____

SECTION I: TYPE OF CHANGE [check applicable item(s)]	
Name	Phone/Fax/Email
Address	Practice Panel
Taxpayer Identification Number (TIN)	Other

SECTION II: EXPLANATION OF CHANGE

NAME CHANGE

Effective Date: _____ New Name: _____

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: _____

PRACTICE PANEL

Effective Date: _____

Accepting New Patients	Commercial	Humana HMO	Humana PPO	UHC PPO
Closed Panel-Existing Patients Only	Commercial	Humana HMO	Humana PPO	UHC PPO

OTHER: _____

Name of person completing this form: _____ Date: _____

Email: _____ Phone: _____

PLEASE RETURN TO MDX HAWAII VIA:

Mail: Attn Provider Network Operations
MDX Hawaii'i
500 Ala Moana Boulevard
#2-200 Honolulu, HI 96813

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