



# Demographic Update Form – Individual (Rev. 02/2022)

To update information on an existing provider record, please complete and return this form and supporting documents via: EMAIL: [ProviderOps@MDXHawaii.com](mailto:ProviderOps@MDXHawaii.com)  
FAX: 808-532-3396 – Provider Network Ops

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

**PROVIDER NAME:** \_\_\_\_\_

**TIN:** \_\_\_\_\_

Please check the appropriate change type and complete appropriate fields.

**NAME CHANGE**

New Name \_\_\_\_\_ Effective Date: \_\_\_\_\_

**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: \_\_\_\_\_

**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** \_\_\_\_\_

**REQUIRED SUBMITTER INFORMATION**

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_