

HNS

Type 1- Notification of Change Form

Instructions:

1. Provider must sign the form before submitting form to HNS.
(*Signature is attestation of the accuracy of the information on the form.*)
2. Please print or type clearly.
3. Please **do not leave any lines blank on the form.**
4. Please email or fax to HNS (Fax: (877) 329-2620).

Type 1 Changes

Per below, please circle the applicable changes you are making.

- Change to telephone number
- Change to fax number
- Change to practice billing software
- New outside billing company
- Change to billing address, billing telephone, billing fax number
- Change to office hours

Please complete and fax **page 2** to HNS.

HNS Notification of Type 1 Changes

HNS is responsible for ensuring we maintain accurate information regarding all participating providers in the network and for promptly notifying contracted payors of any changes regarding participating providers. Please complete this page and fax or email this form to HNS. **Please do NOT notify payors of any changes.** On your behalf, HNS will notify payors of the changes.

Date: _____ **Effective date of change:** _____

Type 1 Changes - (W-9 Form is NOT required)

Please check the appropriate change(s) below:

_____ Change to telephone number _____ New outside billing company
_____ Change to fax number _____ Change to billing address/telephone/fax
_____ Change to practice billing software _____ Change to office hours

All blanks must be completed prior to returning to HNS

Name of Provider: _____
(Last) (First) (M)

Phone:
Current phone no: _____ New phone no. _____

Fax:
Current fax no: _____ New fax no. _____

Billing Software:
Current billing software: _____ New billing software: _____

Outside Billing Company:
Current billing company: _____ New outside billing company: _____

New Billing information:
Billing Address: _____ Contact name: _____
_____ Billing Phone No.: _____
_____ Billing Fax No. _____

Office Hours:
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

List ALL Providers practicing at this location:

Name of provider	Type 1 NPI	TAX ID (EIN)
_____	_____	_____
_____	_____	_____

Signature of Provider

Pease fax only this page to HNS (877) 329-2620.