

HNS

Notification of Type 2 Practice Changes

HNS is responsible for ensuring our database includes accurate information regarding your practice, and for promptly notifying all contracted healthcare plans with any changes regarding your practice.

Type 2 changes are those practice changes which require the submission of an updated W-9 form, and include:

- Change to legal name of practice
- Change to DBA of practice
- Changes regarding your Type 2 NPI number
- Change of practice address
- Change to Tax ID / EIN

Instructions:

1. On page 2, **please circle or underline each change that applies.**
2. Please print or type clearly.
3. Please complete both Sections A and B of the form.
4. *Please do not leave any lines blank.* All requested information must be provided.
5. **W-9 Form Required:** You must provide a newly completed W-9 form when submitting this form to HNS.
6. The form must be signed by the provider as his/her attestation of the accuracy of the information on the form.
7. Please email or fax the completed form to HNS together with a new W-9.
(Fax number: (877) 329-2620)
8. ***Please do NOT notify payors of any changes to your practice.*** HNS will notify all contracted healthcare plans of these changes. (While payors will promptly update their database with these changes, it may take 4-6 weeks for their provider directories to reflect the changes.)

HNS Notification of Type 2 Practice Changes

(W-9 Required)

Date: _____ Effective date of change: _____

Type 2 Changes: **Please circle or underline each change that applies:**

- Change to legal name of practice
- Change to DBA of practice
- Changes regarding your Type 2 NPI number
- Change of practice address
- Change to Tax ID / EIN

(Please Note: Electronic payments (EFT) from HNS are linked to your EIN. If you have changed your EIN, you must update your EFT information on the secure portion of the HNS website with your new EIN to ensure HNS payments are deposited into the appropriate bank account.

Section A - Previous Information:

Please provide the following regarding your previous practice information and **complete all blanks.**

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

Legal name of practice: _____

DBA: _____

Provider Type I NPI: _____

Provider Type II NPI: _____

TAX ID/EIN: _____

Practice Software: _____

Practice Information

Practice Physical Address:

County: _____

Office phone number: _____

Office fax number: _____

Office contact: _____

List ALL Providers practicing at this location

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

Section B - New Information

Please provide the following regarding your NEW practice information, and please complete all blanks

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

Legal name of practice: _____

DBA: _____

Provider Type I NPI: _____ Provider Type II NPI: _____

TAX ID/EIN: _____ Provider's Software: _____

Please Note: EFTs from HNS are linked to your EIN. If you have changed your EIN, you must update your EFT registration on the secure portion of the HNS website.

Practice Information

Practice Physical Address: _____ County: _____
_____ Office phone number: _____
_____ Office fax number: _____
_____ Office contact: _____

Office Hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

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

Signature of Provider

Please email or fax this entire completed form to HNS, together with a completed W-9, and, as applicable, evidence of participation with HealthConnex.
Fax:(877) 329-2620.