

**HMSA Dental**  
**ADDRESS CHANGE/CLOSED LOCATION/ADDITIONAL**  
**LOCATION FORM**



An Independent Licensee of the Blue Cross and Blue Shield Association

Note: Changes will impact all lines of business for which you are contracted.

Provider Name: \_\_\_\_\_ Degree: DMD or DDS (circle one)  
 HMSA Provider Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 National Provider Identifier (NPI): \_\_\_\_\_ Type of Practice:  General  Specialist \_\_\_\_\_  
 (List Specialty Type)

Indicate type of practice:  Sole Proprietor\*  Limited Liability Co.  Incorporated Other: \_\_\_\_\_  
 Please completed all section(s) that apply. If adding more than one location, please attach a separate page for each location.

**SECTION I: ADDRESS CHANGE**

I am changing the address of an existing practice location effective (date): \_\_\_\_\_

**PHYSICAL LOCATION ADDRESS**

OLD location address	NEW location address
_____	_____
_____	_____
_____	_____

Will this be your primary location:  Yes  No, primary location is: \_\_\_\_\_  
 Appointment phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**MAILING ADDRESS** [The mailing address will also serve as your correspondence and billing address.]

New Mailing Address, if changing \_\_\_\_\_  
 \_\_\_\_\_

**PAYMENT INFORMATION**

Name of Clinic or Group Practice: \_\_\_\_\_  
 Billing Tax Identification Number (TIN) of Clinic or Group: \_\_\_\_\_ TIN Effective Date: \_\_\_\_\_  
 Mail check to:  Mailing Address  Physical Address Type 1 or Type 2 NPI Number\*\*:

\*\* (Type 1 NPI for individual dentists and sole proprietors/Type 2 NPI for incorporated dentists, group practices, clinics; limited liability companies(LLC) may have either a Type 1 or Type 2 NPI)

**OTHER OFFICE INFORMATION**

Number of office staff (including provider): \_\_\_\_\_  
 Number of staff who speak languages other than English (including American Sign Language): \_\_\_\_\_  
 Languages spoken (indicate 'X' if provider [P] and/or staff [S])

	<b>P</b>	<b>S</b>		<b>P</b>	<b>S</b>		<b>P</b>	<b>S</b>		<b>P</b>	<b>S</b>
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/>	<input type="checkbox"/>	Thai	<input type="checkbox"/>	<input type="checkbox"/>	Other languages,	<input type="checkbox"/>	<input type="checkbox"/>
Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	Tongan	<input type="checkbox"/>	<input type="checkbox"/>	Please list	<input type="checkbox"/>	<input type="checkbox"/>
Ilocano	<input type="checkbox"/>	<input type="checkbox"/>	Samoaan	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Access to interpreter services:  Yes  No Accessibility for people with disabilities:  Yes  No

Provider Name: \_\_\_\_\_

### SECTION II: CLOSED LOCATION

I no longer practice at the following location effective (date): \_\_\_\_\_

HMSA location Provider Number: \_\_\_\_\_

TIN Number: \_\_\_\_\_

Street address of closed location: \_\_\_\_\_

Forwarding address: \_\_\_\_\_

Reason for closure of this location: \_\_\_\_\_

### Section III: ADDITIONAL LOCATION

I am adding a new practice location effective (date): \_\_\_\_\_

#### PHYSICAL LOCATION ADDRESS

Address of new location: \_\_\_\_\_

New mailing/billing address: \_\_\_\_\_

Will this be your primary location:  Yes  No, primary location is: \_\_\_\_\_

Appt. phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### PAYMENT INFORMATION

Name of Clinic or Group Practice: \_\_\_\_\_

Billing Tax Identification Number (TIN) of Clinic or Group: \_\_\_\_\_ TIN Effective Date: \_\_\_\_\_

Mail check to:  Mailing Address  Physical Address Type 1 or Type 2 NPI Number\*\*: \_\_\_\_\_

\*\* (Type 1 NPI for individual dentists and sole proprietors/Type 2 NPI for incorporated dentists, group practices, clinics; limited liability companies(LLC) may have either a Type 1 or Type 2 NPI)

#### OTHER OFFICE INFORMATION

Number of office staff (including provider): \_\_\_\_\_

Number of staff who speak languages other than English (including American Sign Language): \_\_\_\_\_

Languages spoken (indicate 'X' if provider [P] and/or staff [S])

	P	S		P	S		P	S		P	S
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/>	<input type="checkbox"/>	Thai	<input type="checkbox"/>	<input type="checkbox"/>	Other languages- please list		
Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	Tongan	<input type="checkbox"/>	<input type="checkbox"/>			
Ilocano	<input type="checkbox"/>	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Access to interpreter services:  Yes  No

Accessibility for people with disabilities:  Yes  No

Provider's signature \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax this completed form to: HMSA Dental Services, P.O. Box 1320, Honolulu, HI 96807-1320. Fax: (808) 538- 8996

For questions, please contact your respective Dental Network Manager. For general questions, please call HMSA Dental Services at (808) 948-6440 on Oahu and (800) 792-4672 on the neighbor islands.