

# TAX ID CHANGE / NPI ADD OR CHANGE FORM

**PART A: PROVIDER INFORMATION** – Please complete this section in its entirety. Changes will impact all lines of business for which you are contracted.

Provider Name	Degree <input type="checkbox"/> DDS <input type="checkbox"/> DMD	Date of Birth
HMSA Provider Number	Social Security Number	Type 1 NPI
Indicate Type of Practice  <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Incorporated <input type="checkbox"/> Other: _____	Type of Practice  <input type="checkbox"/> General <input type="checkbox"/> Specialist – Specify Specialty Type: _____	

Please complete all section(s) that apply. If adding more than one location, please attach a separate page for each location.

**PART B: TAX ID CHANGE**

Effective Date of Change: \_\_\_\_\_

Current Tax ID: \_\_\_\_\_

New Tax ID: \_\_\_\_\_

New Name per IRS: \_\_\_\_\_

**PART C: NPI CHANGE**

Effective Date of Change: \_\_\_\_\_

Current NPI: \_\_\_\_\_       Type 1       Type 2

New NPI: \_\_\_\_\_       Type 1       Type 2       Additional Type 2

**Type 1 NPI** is for individual dentists and sole proprietors. **Type 2 NPI** is for incorporated dentists, group practices, clinics. Limited Liability Companies (LLC) may have either a Type 1 or Type 2 NPI.

**PART D: PAYMENT INFORMATION**

Name or Clinic or Group Practice with New NPI: \_\_\_\_\_

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

New Mailing/Billing Address: \_\_\_\_\_

\_\_\_\_\_

**Mail or fax this form to:** HMSA Dental Services, P.O. Box 1320, Honolulu, HI 96807-1320  
 Fax: (808) 538-8996 on Oahu.

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

*For questions, please contact your respective Dental Network Manager. For general questions, please call HMSA Dental Services at (808) 948-6440 on Oahu or 1 (800) 792-4672 toll free on the Neighbor Islands.*