

# ADD/CLOSE SINGLE LOCATION FORM



Use this form for the following updates:

- Close an existing practice affiliation location and/or move to a new practice location
- Add a new practice affiliation not yet affiliated to
- Required Fields are denoted with an asterisk (\*). Please make sure they are filled in before submission**

## SECTION I: DENTAL PROVIDER INFORMATION (Non-applicable fields may be filled in with N/A or None)

Dentist's: *Last Name _____ *First _____ *MI: _____ Suffix: _____ *Degree: _____			
*Dentist's Individual Type 1 NPI:	*Specialty:	*Dentist's Contact Number:	*Dentist's Personal Email Address:
*Medicare Participation: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Last 4 Digits of SSN:	Secondary Languages Spoken by provider:	

## SECTION II: PRACTICE LOCATION INFORMATION (USPS valid addresses only, no P.O. boxes for physical please)

### Old Practice Address — Leave Section II blank and Click N/A, if a Close location is not needed with this change.

*Practice Name:	*Tax ID:	*Practice NPI:
*Physical Location Address:		
*Last day worked at this address:	*Are claims still being filed for under old address? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Reason for closing/leaving this address location:

## SECTION III: Additional Location Address being added (Non-applicable fields may be filled in with N/A or None)

### New Practice Address — Leave Section III blank and Click N/A, if an Add location is not needed with this change.

*Dentist works at location at least once a month? <input type="checkbox"/> Yes <input type="checkbox"/> No	*List this location in HMSA's directories? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Does this change affect other locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Effective Date of Change:
*Practice Name:	*Tax ID:	*Practice NPI:	
*Physical Street Address:			
*Physical City:	*Physical State:	*Physical Zip code:	
*Physical Appointment Phone Number:	*Physical Fax Number:	*Physical Email Address:	
*Practice Website URL (if applicable):	*Is this your primary practice location? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please confirm the practice and address below:		

## SECTION IV: OFFICE AND BILLING INFORMATION (Non-applicable fields may be filled in with N/A or None)

*Billing Address if different than Physical Address above:	*Billing City/State/Zip Code:		
*Mailing Address if different than Physical Address above:	*Mailing City/State/Zip Code:		
*Office Contact Name:	*Office Contact Title:	*Office Contact Phone Number:	*Office Contact Email Address:

Languages (including Sign Language) spoken by provider, staff or interpreter:

# ADDITIONAL SINGLE LOCATION FORM

✉ : [dentalproviderrelations@bshi.net](mailto:dentalproviderrelations@bshi.net) 📞: (808) 538- 8996

## SECTION V: ADDITIONAL OFFICE INFORMATION

*Does your office have TDD service for patients with hearing impairments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Is your office accessible by public transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Is your office handicapped accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Does your office have weeknight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Does your office have weekend hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## SECTION VI: DENTIST/AUTHORIZED REP SIGNATURE (Below fields required to process this request)

*Dentist's/Authorized Representative Signature:	*Date
*Printed Name:	*Dentist's Social Security Number (last four digits):

### Send completed forms to:

<b>Mailing Address:</b>	HMSA Dental Provider Relations P.O. Box 1320 Honolulu, HI 96807-1320	<ul style="list-style-type: none"><li>▪ Email: <a href="mailto:dentalproviderrelations@bshi.net">dentalproviderrelations@bshi.net</a></li><li>▪ Fax: (808) 538-8996</li></ul>
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Questions regarding this form may be directed to your respective Dental Network Manager.

For general questions, please call HMSA Dental Customer Service, Monday – Friday, 8 am to 5pm HST, at (808)948-6440 on Oahu and (800)792-4672 on the Neighbor islands.