

# PAYMENT CHANGE FORM



Use this form for the following updates:

- Change payment (remittance) address, Tax ID number or National Provider Identifier (NPI) number for practice.
- Important Note: If you change from an SSN to Tax ID, your current affiliation under the SSN will be closed and a new record will be created under the Tax ID. New practices will require a W-9 for processing**
- Required Fields are denoted with an asterisk (\*). Please make sure they are filled in before submission**

## SECTION I: DENTIST 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: PAYMENT CHANGES BEING REQUESTED (\*check all that apply)

<input type="checkbox"/> Change from SSN to Tax ID	<input type="checkbox"/> Update Existing Tax ID to New Tax ID <input type="checkbox"/> Change Taxpayer Name	<input type="checkbox"/> Change NPI Number <input type="checkbox"/> Change Payment Address
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## OLD PAYMENT INFORMATION (Non-applicable fields may be filled in with N/A or None)

*Practice Name:		*Doing Business As Name:	
*Tax ID:	*NPI Number:	*NPI Type: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	
*Address Line 1:		*Address Line 2:	
*City:	*State:	*Zip code:	

## NEW PAYMENT INFORMATION (Non-applicable fields may be filled in with N/A or None)

*Practice Name:		*Doing Business As Name:	
*Tax ID:	*NPI Number: *NPI Type: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	*Effective date of Change (needed for processing):	
*Address Line 1:		*Address Line 2:	
*City:	*State:	*Zip code:	

Please attach a current W-9 form or IRS confirmation letter regarding new Tax ID/Taxpayer name with your payment change request. Type 1 NPI is for individual dentists and sole proprietors. Type 2 NPI is for incorporated dentists, group practices, and clinics. Limited Liability Companies (LLC) may have either a Type 1 or Type 2 NPI.

## SECTION III: VERIFYING LOCATIONS PAYMENT CHANGE APPLIES TO

*Apply payment change to the following:	*Option 1: <input type="checkbox"/> All locations under Tax ID _____
	*Option 2: <input type="checkbox"/> Specific location(s). If so, please list all affected locations below.
*Location 1:	
*Location 2:	
*Location 3:	
*Location 4:	

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✉ : [hmsadentalpr@usablelife.com](mailto:hmsadentalpr@usablelife.com)

☎ : (808) 538- 8996

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

*Mailing Address if different than Physical/Billing 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:			

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

*Dentist/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:hmsadentalpr@usablelife.com">hmsadentalpr@usablelife.com</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.