HNS Type 3 - Additional Location Form

All bla	nks must be o	completed below	Print or ty	pe clearly	. Fa	x to H	NS at (8'	77) 329	-2620.	
Provider Name:				Type 1 NP	I:					
_	(Last)	(First)	(MI)							
Date New Location	Opened:			W-9 Attac	hed?		Yes		No	
First Date of Empl	oyment:			A complete	ed W-9 fo	r the add	itional loc	ation is r	required	
(if applicable)										
Section A:	Current/Pri	mary Location and	Billing Infor	mation						
List <u>ALL</u> Provider										
(include your name))									
Practice Legal	_									
Name:	(MILIOTE 1	4 113 11 115 '	<u> </u>	DBA:						
.	(MUSI match	the "Name" or "Busine	ess Name" from	/						
Practice Address:				County:						
-			* Billing	g Address:						
-										
Phone #: _										
Fax #: _			Cont	act Name:						
Tax ID # (EIN):				act Phone:						
Type II NPI:			Practice	Software:						
Provider Email:			Hours of	Mon	Tues	Wed	Thur	Fri	Sat	Sun
			Operation:							
Section B:	New/Addit	tional Location and	Billing Infor	mation						
List <u>ALL</u> Provider	s at location:									
(include your nat	me)									
Practice Legal	_									
Name:	(MUST motels	the "Name" or "Busine	ag Nama'' fram	DBA:						
D 4 A11	(<u>IVIUSI</u> mater	the Name of Busine	ess name from	,						
Practice Address:				County:						
-			* Billing	g Address:						
Phone #•			_							
Fax #:			— Cont	act Name:						
Tax ID # (EIN):		act Phone:								
-				•						
Type II NPI:				Software:						
Provider Email:			Hours of	Mon	Tues	Wed	Thur	Fri	Sat	Sun
			Operation:							ı

HNS Type 3 - Additional Location Form

All blanks must be completed below		Print or type clearly.		Fax to HNS at (877) 329-2620.					
Provider Name:				Type 1 NPI:					
	(Last)	(First)	(MI)						
Section C:	Revenue Inf	Formation (Must be	completed	1)					
* Please Note: If	revenue is to be pa	aid to two different loca	ations, then t	wo different Tax II	D (EIN) numbers are required.				
All revenue from	my primary loca	ntion is payable to me	under the f	ollowing Tax ID a	and to the following billing address:				
Tax ID	: <u> </u>		Send to:	☐ Primary Locat	tion				
All revenue from my second location is payable to me under the following Tax ID and to the following billing address:									
Tax ID	:		Send to:	☐ Primary Locat	tion				

revised 11/07/23