

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 Information (Must be completed)

* **Please Note:** If revenue is to be paid to two different locations, then two different Tax ID (EIN) numbers are required.

All revenue from my primary location is payable to me under the following Tax ID and to the following billing address:

Tax ID: _____

Send to: Primary Location

NEW/Additional Location

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 Location

NEW/Additional Location

revised 11/07/23