

HNS  
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)

Date New Location Opened: \_\_\_\_\_ W-9 Attached?  Yes  No

First date of Employment \_\_\_\_\_  
(if applicable) **A completed W-9 for the additional location is required**

**Section A: Current/Primary Location and Billing Information**

List ALL Providers at location: \_\_\_\_\_  
\_\_\_\_\_

Practice Legal Name: \_\_\_\_\_ DBA \_\_\_\_\_  
(MUST match the "Name" or "Business Name" from W-9)

Practice Address: \_\_\_\_\_ \* Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Tax ID # (EIN): \_\_\_\_\_ Practice Software: \_\_\_\_\_

Type II NPI: \_\_\_\_\_ Hours of Operation: 

Mon	Tues	Wed	Thur	Fri	Sat	Sun

Provider Email: \_\_\_\_\_

**Section B: New/Additional Location and Billing Information**

List ALL Providers at location: \_\_\_\_\_  
\_\_\_\_\_

Practice Name: \_\_\_\_\_ DBA \_\_\_\_\_  
(MUST match the "Name" or "Business Name" from W-9)

Practice Address: \_\_\_\_\_ \* Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Fax #: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Tax ID # (EIN): \_\_\_\_\_ Type II NPI: \_\_\_\_\_

Practice Billing Software: \_\_\_\_\_ Hours of Operation: 

Mon	Tues	Wed	Thur	Fri	Sat	Sun

Provider Email: \_\_\_\_\_

**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