



# Hennepin Health

## LOCATION ADD/CHANGE FORM

Please complete this form when adding a location or changing an address, phone number or office hours. If the information being changed pertains to more than one location, please complete a separate form for each location. Please include all clinic NPI numbers that the change applies to. If changing the Tax ID or billing address, a new W-9 will need to be completed. Please fax this form to **(612) 632-8830** or email to **HHNetworkManagement@hennepin.us**

ADD CHANGE

Tax ID \_\_\_\_\_ NPI/UMPI \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

### OLD Information:

Legal Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Website: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Physical Address Mailing Address Billing address

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### NEW Information:

Legal Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Website: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Physical Address Mailing Address Billing address

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours of Operation:  
(e.g. 9am – 5pm)

Do you have Walk-in/Urgent Care hours?  
Yes  No

After-Hours Phone #  
\_\_\_\_\_

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

If Yes:  
Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

Publish Location in Directory? Yes  No

Person Completing Form (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_