



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 #: _____