MDX Hawai'i

Contract Request Form

PROVIDER NAME: (type or print clearly) _____ Last _____ First _____ Middle _____ Degree

CAQH #: (if applicable) _____

Are you a PCP? ☐ Yes ☐ No Specialty(ies): _____

GROUP NAME: (if applicable) _____

PRACTICE LOCATIONS

PRIMARY PRACTICE LOCATION

Street Address _____

City, State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email _____

Office Hours _____

SECONDARY PRACTICE LOCATION

Street Address _____

City, State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email _____

Office Hours _____

IF MORE THAN TWO LOCATIONS, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION

TAX ID/ NPI INFORMATION

(The information in this section will not be published)

Tax ID # (TIN): _____

NPI Number (Individual): _____ **NPI Number (Organization):** _____

Form Completed By: _____ Signature _____ Date

Print Name and Title: _____

PLEASE RETURN TO MDX HAWAII for New Contract Requests ONLY

Email: Contracting@mdxhawaii.com