



Tax Identification Change Information Sheet

Complete this form in its entirety and **email it to ProviderRelations@deltadentalva.com** or fax it to 540.491.9709.

Facility Name _____

Business name (as recorded with IRS on Form 941) _____

Old Tax ID Number (TIN) _____ Term date _____

New Tax ID Number (TIN) _____ Effective date _____

Type 2 Facility NPI _____

Phone _____ Fax _____

- If enrolled in direct deposit, check here to have payment information transferred
- Check if you have orthodontic cases affected by this change

Name all dentists at the new location, under this TIN, and which products they will participate in:

Name _____

License number _____ Type 1 Individual NPI _____

- Delta Dental Premier®
- Delta Dental PPO™
- DeltaCare®
- Delta Dental Medicare Advantage™

Name _____

License number _____ Type 1 Individual NPI _____

- Delta Dental Premier
- Delta Dental PPO
- DeltaCare
- Delta Dental Medicare Advantage

Name _____

License number _____ Type 1 Individual NPI _____

- Delta Dental Premier
- Delta Dental PPO
- DeltaCare
- Delta Dental Medicare Advantage

Name _____

License number _____ Type 1 Individual NPI _____

- Delta Dental Premier
- Delta Dental PPO
- DeltaCare
- Delta Dental Medicare Advantage

List all locations for this TIN: _____

Note: a completed W-9 and a Facility Update form and Direct Deposit Enrollment form (if applicable) must be completed and sent with this Tax ID Change Information form. The change will be made in our system as soon as we receive the appropriate forms. It is important to make these changes quickly to avoid delays in claims processing. Thank you for your prompt attention.