



# Additional Office Information Sheet

This form is to be used for adding a location with the same Tax Identification Number (TIN). Complete this form in its entirety and **email it to ProviderRelations@deltadentalva.com** or fax it to 540.491.9709.

Tax ID Number (TIN) submitted on claims for this location \_\_\_\_\_

Type 2 Facility NPI \_\_\_\_\_

Business name (as recorded with IRS on Form 941) \_\_\_\_\_

Facility Address \_\_\_\_\_

If enrolled in direct deposit, check here to have payment information transferred

Opening date \_\_\_\_/\_\_\_\_/\_\_\_\_

List all dentists providing services at the new location and which products they will participate in – a signed agreement will need to be attached for each dentist, for each product they will be participating 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

**Note: a Facility Update form must be sent with this Additional Office Information Sheet.** 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.