



Address Change Information Sheet

This form is to be used when the office has moved physical locations. 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 address _____

Term date of old address _____

New address _____

Effective date of new address _____

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

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® Medicare Advantage

Name _____

License number _____ Type 1 Individual NPI _____

Delta Dental Premier Delta Dental PPO DeltaCare Medicare Advantage

Name _____

License number _____ Type 1 Individual NPI _____

Delta Dental Premier Delta Dental PPO DeltaCare Medicare Advantage

Name _____

License number _____ Type 1 Individual NPI _____

Delta Dental Premier Delta Dental PPO DeltaCare Medicare Advantage

Note: a completed W-9 and a Facility Update form must be sent with this Address Change 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.