



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 ProfessionalRelations@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.

Facility profile form

Please complete a facility profile for each office location. If you have more than one location, copy or print additional copies of this page. Complete this form in its entirety and **email it to ProfessionalRelations@deltadentalva.com** or fax it to 540.491.9709.

Location name _____

Tax ID Number (TIN) _____ Type 2 facility NPI _____

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

Main office email address (dentist newsletters, fee schedules, etc.) _____

Credentialing email address (for recredentialing notices) _____

Physical address _____

Payment address (for checks only, if different from physical address) _____

Correspondence address (X-rays, provider updates and information other than checks)

Phone _____ Fax _____

Office hours: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Are you accepting new patients? Yes No

Languages spoken (other than English) _____

Does this location have wheelchair access? Yes No

Public transit accessibility? Yes No

Treats physically disabled adults? Yes No Treats physically disabled children? Yes No

Offers telehealth/teledentistry services? Yes No

Are emergency services available 24 hours a day? Yes No

If yes, please check the type of service available: Home/cell phone number Another local dentist

Are all permits and filings required by law and regulation current and valid (i.e., radiographic equipment)?
 Yes No

Are all staff members trained in CPR? Yes No

Are all individuals treating patients fully licensed? Yes No