

New Office Information Sheet

This form is to be used when opening a new office with a new Tax Identification Number (TIN). Complete this form in its entirety and **email it to ProviderRelations@deltadentalva.com** or fax it to 540.491.9709.

Facility Name _____

Facility Address _____

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

Type 2 Facility NPI _____

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

Starting/effective date ____/____/____

List all dentists providing services at the new location and 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

Do you wish to remain at the other offices? Yes No

If no, please list the addresses we should remove from our system _____

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