

DENTAL OFFICE TAX IDENTIFICATION CHANGE FORM

PLEASE TYPE OR PRINT LEGIBLY-IN BLUE OR BLACK INK ONLY

CHANGE FROM: (FORMER TAX INFORMATION)

TIN OR SSN: _____

Practice Name:

_____Practice Name (if different):

Billing Type 2 NPI: _____

This TIN or SSN is no longer in use as of:

(date) _____

NOTE:

No claims will be processed under this former TIN or SSN after the date above

CHANGE TO: (NEW TAX INFORMATION)

TIN OR SSN: _____

Practice Name matches the IRS:

_____Practice Name (if different):

Billing Type 2 NPI: _____

Effective date of the new TIN or SSN:

(date) _____

NOTE:

Claims after the date above need to be processed under this new TIN or SSN

Practice Email: _____ Practice Website: _____

Please indicate the name, license number and type 1 NPI of each additional dentist.

Dentist Name _____ license number _____ type 1 NPI _____

Dentist Name _____ license number _____ type 1 NPI _____

Dentist Name _____ license number _____ type 1 NPI _____

Signature _____ Date _____

Please attach letter from the Department of Treasury
Please email abrawner@deltadentaltn.com or fax 615-742-6940