

DENTIST NOTICE OF ADDRESS CHANGE

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

NAME _____

LICENSE _____

FORMER ADDRESS

Old Service Office Location:

Phone Number: (____) _____

No longer practices effective date: _____**NOTE: no claims will be processed after this date**

Mailing Address (if different from office location)

This mailing address is no longer in use as of (date): _____

Please check one: **NEW ADDRESS** **ADDITIONAL LOCATION**

New Service Office Location:

Phone Number: (____) _____

Fax Number: (____) _____

Mailing Address (if different from office location)

Service Office Email: _____

Website: _____

Participating in the **Premier** program Y _____ N _____ **PPO** program Y _____ N _____

Practice Name with the IRS _____ DBA _____

Taxpayer Identification Number (TIN): _____ Type 2 NPI _____

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 email abrawner@deltadentaltn.com or fax 615.742.6940