

Notice of provider address change or additional location



Delta Dental of Oregon & Alaska

Section 1: Practitioner information

Dentist name (first)	Dentist name (last)	License number
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Section 2: Former information

Name of former practice		Telephone number	
Former office address	City	State/Province	ZIP code/Postal code
Mailing address (if different)	City	State/Province	ZIP code/Postal code
This office was closed effective: (mm/dd/yyyy)		This mailing address is no longer in use as of: (mm/dd/yyyy)	

Section 3: New information

Please check one:

- New address
- Additional location

Name of practice		Telephone number	
Office location	City	State/Province	ZIP code/Postal code
Mailing address (if different)	City	State/Province	ZIP code/Postal code
Effective date of new location	Tax ID <input type="checkbox"/> Check here if the Tax ID has changed since your last update		
Name of owner (first)	Name of owner (last)		License number
Signature X			Date (mm/dd/yyyy)

Ready to submit? Mail this form to Delta Dental:

Attn: Dental Professional Relations
Mail: 601 SW Second Ave., Portland OR, 97240-0384
Fax: 503-243-3965

Questions? We're here to help. Contact the Delta Dental Professional Relations at 888-374-8905. (TTY users, dial 711.)

DeltaDentalAK.com | DeltaDentalOR.com