

Additional Location Add

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This form should be used by the contracted Delta Dental business owner ("billing entity") to report an additional location. You will be notified by email when your information is updated in our system, generally within 30 days from our receipt of this form. Please do not submit claims with your new address until you receive confirmation that your records have been updated.

Please note: Additional locations under the same TIN will have the same participation status. For location add with a different TIN, please contact ORContracting@deltadentalor.com for more information.

BUSINESS INFORMATION (Please complete this section)

Owner Dentist Name (last name, first name)

License Number

Legal name of person, partnership or business in which TIN was issued by the IRS:

Business name "doing business as", if different from legal name above:

Taxpayer Identification Number (TIN):

Business NPI (Type 2), if applicable

ADDITIONAL PRACTICE LOCATION ADDRESS (Use this section to add your additional location)

Name of Practice _____

Street address _____ City _____ State _____ Zip Code _____

Mailing address (if different) _____ City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number () _____

Email address (Please limit to 40 characters) _____

Effective Date of new location _____

Owner Dentist

Signature _____ Date _____

Please return completed form to: dpror@deltadentalor.com for Oregon, dprak@deltadentalak.com for Alaska or you may fax the form to 503-243-3965. Questions? We're here to help. Contact the Delta Dental Professional Relations team at 888-374-8905 (TTY users, dial 711).