DELTA DENTAL®

DeltaDentalTN.com

DENTAL OFFICE NOTICE OF ADDRESS CHANGE

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

FORMER ADDRESS	
Old Service Office Location: _____ _____ Phone Number: (_____)_____ ***This office was closed effective date***:_____ ***NOTE: no claims will be processed after this date***	Mailing Address (if different from office location) _____ _____ Phone Number: (_____)_____ 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:_____ 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

Delta Dental of Tennessee
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