

Additional Office Information Sheet

This form is to be used for adding a location with the same Tax Identification Number (TIN). Please complete this form in its entirety and **email to ProviderRelations@deltadentalva.com**.

Tax ID Number (TIN) submitted on claims for this location _____

Type 2 Facility NPI _____

Business name (as recorded with IRS on Form 941) _____

Facility Address _____

Opening date ____/____/____

List all dentists providing services at the new location and which products they will participate in – A signed agreement will need to be attached for each dentist, for each product they will be participating in:

Name _____

License number _____ Type 1 Individual NPI _____

Delta Dental Premier® Delta Dental PPOSM DeltaCare®

Name _____

License number _____ Type 1 Individual NPI _____

Delta Dental Premier Delta Dental PPO DeltaCare

Name _____

License number _____ Type 1 Individual NPI _____

Delta Dental Premier Delta Dental PPO DeltaCare

Name _____

License number _____ Type 1 Individual NPI _____

Delta Dental Premier Delta Dental PPO DeltaCare

Please note: A completed Fee Filing form and a Facility Update form must be sent with this Additional Office Information Sheet. The change will be made in our system as soon as we receive the appropriate forms. You may fax forms to 540.491.9709. It is important to make these changes quickly to avoid delays in claims processing. We thank you for your prompt attention. *If you have questions regarding this form, or to check the status of the location change in our system, contact Provider Relations at 800.367.3531, extension 3328.*