

Address Change Information Sheet

This form is to be used when the office has moved physical locations. Complete this form in its entirety and **email it to ProviderRelations@deltadentalva.com** or fax it to 540.491.9709.

Facility Name _____

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

Old Address _____

New Address _____

Mailing address (if different from new address) _____

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

Type 2 Facility NPI _____

Phone _____

Fax _____

Effective date of location change ____/____/____

Name all dentists at the new location, under this TIN, and which products they will participate in:

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

Name _____

License number _____ Type 1 Individual NPI _____

Delta Dental Premier Delta Dental PPO DeltaCare

Note: a completed W-9 and a Facility Update form must be sent with this Address Change Information Sheet. The change will be made in our system as soon as we receive the appropriate forms. It is important to make these changes quickly to avoid delays in claims processing. Thank you for your prompt attention.

For questions, or to check the status of the change in our system, contact Provider Relations at 800.367.3531, extension 3328.