

**Do you have your National Provider Identifier (NPI) yet?**

*The NPI is part of the required credentialing material necessary for participating Delta Dental of Virginia dentists.* Complete this form in its entirety and **email it to [ProviderRelations@deltadentalva.com](mailto:ProviderRelations@deltadentalva.com)** or fax it to 540.491.9709. If your practice has multiple locations, copy this form and submit a separate form for each practice location/Tax ID number.

If you do not have an NPI, visit this website for your number: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

**PRACTICE NPI**

Practice Name

Correspondence Address

Physical Address

City

State

Zip

City

State

Zip

Business Phone

( )

Fax Number

( )

Email

Type II – NPI (Facility) Number

Tax ID Number

**INDIVIDUAL DENTIST NPIS**

*I confirm that I have the NPI number stated below:*

Dentist Signature

Dentist Name:

Type I – NPI (Individual) Number:

License Number

Date

*I confirm that I have the NPI number stated below:*

Dentist Signature

Dentist Name:

Type I – NPI (Individual) Number:

License Number

Date

*I confirm that I have the NPI number stated below:*

Dentist Signature

Dentist Name:

Type I – NPI (Individual) Number:

License Number

Date