



# Tax Identification Change Information Sheet

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 Tax ID Number (TIN) \_\_\_\_\_

New Tax ID Number (TIN) submitted on claims for this location \_\_\_\_\_

Type 2 Facility NPI \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Effective date of TIN 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

List all locations for this TIN: \_\_\_\_\_

**Note: a completed W-9 and a Facility Update form and Direct Deposit Enrollment form (if applicable) must be completed and sent with this Tax ID Change Information form.** 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.