



# New Office Information Sheet

This form is to be used when opening a new office with a new Tax Identification Number (TIN). Complete this form in its entirety and **email it to ProviderRelations@deltadentalva.com** or fax it to 540.491.9709.

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

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

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

Business name (as recorded with IRS on Form 941) \_\_\_\_\_

Starting/effective date \_\_\_\_/\_\_\_\_/\_\_\_\_

List all dentists providing services at the new location and 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

Do you wish to remain at the other offices?  Yes     No

If no, please list the addresses we should remove from our system \_\_\_\_\_

**Note: a Facility Update form and a W-9 must be completed and sent with this New Office 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.