



DENTIST NO LONGER ACTIVE AT LOCATION

Facility/Business Name: _____

Tax ID Number: _____

Effective ____/____/____, the following provider is no longer active at this business.

Provider's Name: _____ License #: _____

This change applies to:

____ All service office locations associated with this TIN

____ The service office locations listed below only

Service Office Address: _____

Service Office Address: _____

Service Office Address: _____

Reason for Change (Please Check One)

____ Deceased

____ Retired

____ Moved To Out of State

____ No Longer In Private Practice

Other _____

Name of person completing form: _____ Date: ____/____/____

Please Note: *Your record will be updated accordingly upon receipt of this form.*

Delta Dental of Arkansas
PO Box 15965
North Little Rock, AR 72231

Telephone: 1-800-462-5410
Fax: 501-992-1867