



Opening Additional Service Office Location under Current Tax Id Number

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

Business Name (if different from above): \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Organizational NPI: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_, the following service office location will be open.

Service Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Office Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

Office Hours:  Standard Business Hours (8am – 5pm)  Early Morning Hours (before 8am)
 Evening Hours (after 5)  Weekend Hours (Saturday)

Secondary Language: \_\_\_\_\_

- Accepting New Patients? YES/NO
Public Transportation Available? YES/NO
Services Mobility? YES/NO
Handicap Accessible? YES/NO
Treats Disabled Adults? YES/NO
Treats Disabled Children? YES/NO

Please list ALL providers associated with the above TIN and service office address. Attach additional sheets if necessary. Please indicate participation for each dentist and if the location will be a primary location or a fill in location.

Table with 5 columns: Provider Name, Lic. #, NPI, Participation (Premier, Premier/PPO), Location type (Primary, Fill In)

Name of person completing form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE NOTE:

Your record will be updated accordingly upon receipt of this form along with a completed W-9. Dentist who are indicated as fill in dentist for this location will not be listed on our Dentist Directory. This will not affect participation in our network. Submitting claims with this information prior to confirmation of update may result in payments made directly to our members.

Delta Dental of Arkansas
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