



TAX IDENTIFICATION NUMBER (TIN) CHANGE

Old TIN: _____

Effective ____/____/____, the TIN above is no longer active.

Please Note: This TIN will remain effective in Delta Dental's system for 30 days to ensure complete claims processing.

New TIN: _____

Effective Date of New TIN: ____/____/____

****Please do not use the new TIN on claims prior to confirmation that update has been processed as this may result in payments made directly to our members****

Facility Name: _____

NPI: _____ Phone: _____ Fax: _____

Participation Status: ____ PPO ____ Premier

Service Office Address: _____

(If more than one Service Office, please complete a form for each additional Service Office)

Payment Address: _____

Please list ALL providers associated with Tax ID Change. 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.

			Participation:		Location type:	
_____	Lic. # _____	NPI _____	Premier <input type="checkbox"/>	Premier/PPO <input type="checkbox"/>	Primary <input type="checkbox"/>	Fill In <input type="checkbox"/>
_____	Lic. # _____	NPI _____	Premier <input type="checkbox"/>	Premier/PPO <input type="checkbox"/>	Primary <input type="checkbox"/>	Fill In <input type="checkbox"/>
_____	Lic. # _____	NPI _____	Premier <input type="checkbox"/>	Premier/PPO <input type="checkbox"/>	Primary <input type="checkbox"/>	Fill In <input type="checkbox"/>
_____	Lic. # _____	NPI _____	Premier <input type="checkbox"/>	Premier/PPO <input type="checkbox"/>	Primary <input type="checkbox"/>	Fill In <input type="checkbox"/>
_____	Lic. # _____	NPI _____	Premier <input type="checkbox"/>	Premier/PPO <input type="checkbox"/>	Primary <input type="checkbox"/>	Fill In <input type="checkbox"/>

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

Please Note:

Your record will be updated accordingly upon receipt of this form along with a completed W-9 and a Corporate Authority form. 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.

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