

**Contact Information & Instructions** - For questions please call: 800-999-9789

Please fax, mail or email completed forms to:  
**Dental Select Provider Relations**  
**75 West Towne Ridge Parkway**  
**Tower 2, Suite 500**  
**Sandy, Utah 84070**  
**Fax: 801-290-5108 or 888-998-8708**  
**provider@dentalselect.com**

**IMPORTANT:**

- Only submit this form if your information has changed or will change.
- Changes may include closing a location, moving a location, or transferring a contract.
- Please notify Dental Select of any changes within 15 days.

**Current Information (Required)**

Dentist Name (as submitted on claims)

Provider TIN (If TIN is new, see next section)

NPI Number, Type 1 (Provider)

**Changed Information**

**Provider Information** - Check boxes to indicate any changes

**Effective Date of Change (Required)**

Dentist Name (as submitted on claims)  DDS  DMD  Specialty: \_\_\_\_\_

Provider TIN **If TIN is new, please include a new W-9 form, available at [www.dentalselect.com](http://www.dentalselect.com)**

NPI Number, Type 1 (Provider)

NPI Number, Type 2 (Business)

**Billing Information** - Check boxes to indicate any changes

**Effective Date of Change (Required)**  Same As Above

Billing Name (as submitted on claims)

Billing Address (as submitted on claims)

Billing City / State / Zip Code

Billing Phone  Billing Fax  Billing Email

**Practice Location Information** - Check boxes to indicate any changes

**Effective Date of Change (Required)**  Same As Billing Information Above

Practice Name

Practice Address

Practice City / State / Zip Code

Practice Phone  Practice Fax  Practice Email

**Authorization of Change** - (Required for all requested changes)

<b>Provider Signature</b>	<b>Date Signed (MM/DD/YYYY)</b>
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Mail: Dental Select (Attn: Provider Relations) 75 W Towne Ridge Parkway, Tower 2 Suite 500, Sandy Utah 84070  
 Fax: (801) 290-5101 Toll Free Fax: (888) 998-8704