

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

Please fax, mail or email completed forms to:

Dental Select Provider Relations
 75 W Towne Ridge Parkway
 Tower 2, Suite 500
 Sandy, UT 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**

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)

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