DELTA DENTAL

Notice of Address Change

deltadentalins.com

This form is for use by the contracted Delta Dental business owner ("billing entity") to report an address change. We will notify you by mail or email when your information is updated in our system, generally within 30 days from our receipt of this form. Please do not include your new address on claim forms until you receive confirmation from us that your request is processed.

If your new practice location address is in the same geographic region as your former address, your current contracted fees will apply. However, if your new practice location address is in a different geographic region, we will contact you about new fee schedule(s). For DeltaCare USA facilities, we will contact you regarding patient assignments.

All address change requests must also complete the **Dentist directory update form**.

Please note: If you are requesting to add a new practice location and/or a new dentist, this is not the correct form. Please click **here** to request a contract packet.

BUSINESS INFORMATION (please complete this section)

Business Owner or Partnership/Corporation/Clinic Officer (last name, first name)

_____

Legal name of person, partnership or business in which TIN was issued by the IRS:

_____

Business name "doing business as", if different from legal name above

_____

Taxpayer Identification Number (TIN): _____

Business NPI (Type 2), if applicable _____

PRACTICE LOCATION ADDRESS CHANGE (Use this section to update your practice location address)

Closed Practice Location Information

Street/P.O.Box _____

City _____

State _____ ZIP (+4 codes) _____

Email _____

Phone ( ) _____

Fax ( ) _____

_____

DeltaCare USA Facility Number, If applicable

New Practice Location Information

Street/P.O.Box _____

City _____

State _____ ZIP (+4 codes) _____

Email _____

Phone ( ) _____

Fax ( ) _____

Please indicate the date this change will be effective: (Note: we are unable to accept dates more than 60 days in advance)

_____

Also apply this new Practice Location address to update my: ☐ Mailing Address and/or ☐ 1099/TIN Mailing Address.

(continued on next page)

MAILING ADDRESS CHANGE (Use this section to update your mailing address)

Old Mailing Address Information

Street/P.O.Box _____

City_____

State_____ ZIP (+4 codes) _____

Phone (_____)_____

New Mailing Address Information

Street/P.O.Box _____

City_____

State_____ ZIP (+4 codes) _____

Phone (_____)_____

Please indicate the date this change will be effective: (Note: we are unable to accept dates more than 60 days in advance)

_____

1099/TIN MAILING ADDRESS CHANGE (Use this section to update your 1099/TIN mailing address)

Old 1099/TIN Mailing Address Information

Street/P.O.Box _____

City_____

State_____ ZIP (+4 codes) _____

Phone (_____)_____

New 1099/TIN Mailing Address Information

Street/P.O.Box _____

City_____

State_____ ZIP (+4 codes) _____

Phone (_____)_____

Please indicate the date this change will be effective: (Note: we are unable to accept dates more than 60 days in advance)

_____

☐ I certify that the information provided on this form is true, accurate and complete to the best of my knowledge. I have the authority to make these changes. I understand that Delta Dental will inactivate my former address 30 days from the date the new address is effective. I also understand that I must promptly report any change to this information to Delta Dental.

Billing Provider Name (Name and Title)	Signature of Billing Provider	Date

Please return this form to your local Delta Dental:

Delta Dental of California
ATTN: Provider Onboarding
P.O. Box 997330
Sacramento, CA 95899-7330

Email:
dentist_services@delta.org

Delta Dental Insurance Company
ATTN: Provider Onboarding
P.O. Box 1826
Alpharetta, GA 30023

Email:
ProfessionalServices@delta.org

AL, FL, GA, LA , MS, MT, NV, TX, UT and U.S. Virgin Islands

Delta Dental of Pennsylvania
ATTN: Provider Onboarding
P.O. Box 2106
Mechanicsburg, PA 17055

Email:
ddpdentist_services@delta.org

Delta Dental of Delaware, Inc.
Delta Dental of the District of Columbia
Delta Dental of New York, Inc.
Delta Dental of Pennsylvania
(in Pennsylvania and Maryland)
Delta Dental of West Virginia, Inc.