

NOTICE OF ADDRESS CHANGE/ADDITIONAL LOCATION

Dentist name: _____

License number: _____

Former address	
Office location _____ _____	Mailing address (if different from office location) _____ _____
Telephone number (____) _____	Telephone number (____) _____
This office was closed effective _____ (date)	This mailing address is no longer in use as of _____ (date)

Please check one:		<input type="checkbox"/> New address	<input type="checkbox"/> Additional location
Office location _____ _____	Mailing address (if different from office location) _____ _____		
Telephone number (____) _____	Telephone number (____) _____		
Effective date of new location: _____			
Taxpayer Identification Number (TIN): _____		Effective date of TIN: _____	
<input type="checkbox"/> Check here if the above TIN has changed since your last update.			
Are you the sole owner of this dental office? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are not the sole owner, please indicate the name and license number of each dentist with an ownership interest (whether as a proprietor, partner or shareholder). Use a separate sheet if there are more than two owners.			
Name of owner _____		License number _____	
Name of owner _____		License number _____	

Please select one of the following fee schedule options (does not apply to DC, DE, MD, NY, PA, TX or WV):

- Use my current contracted fees from another location for this new location.
Specify which office location: _____
(Please note that the fees from this office location will be processed under Delta Dental's current fee filing system. No further fee revisions will be allowed for 12 months.)
- Send a fee listing form to my office so I may submit new fees for this new office location.

Dentist's signature: _____ Date: _____

Please return this form to your local Delta Dental:

Delta Dental of California

ATTN: Dentist Network Administration
and Contracting
P.O. Box 537010
Sacramento, CA 95853-7010
Or dentist_services@delta.org

Delta Dental of Insurance Company

ATTN: Dentist Network Administration and
Contracting
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009
Or dnac@ddic.delta.org

Delta Dental of Pennsylvania

ATTN: Dentist Network Administration and
Contracting
One Delta Drive
Mechanicsburg, PA 17055-6999
Or ddpdentist_services@deltadentalpa.org