

DIRECT DEPOSIT ENROLLMENT FORM

New enrollment
 Change enrollment information
 Discontinue enrollment

Business Information	
Owner(s) full name	
Registered IRS name	
Tax Identification Number (TIN)	
Business National Provider Identifier (NPI)	

Practice Location 1	
Practice location name - Doing Business As (DBA)	
Street address	
City	
State	
ZIP	

Practice Location 2	
Practice location name - Doing Business As (DBA)	
Street address	
City	
State	
ZIP	

- This enrollment form will apply to all providers within the same Tax Identification Number (TIN) and practice location.
- If this enrollment form applies to three or more locations, please attach a separate sheet listing all additional locations.
- This form will also be applicable to payments issued under our Community Partnership Programs, Texas CHIP, Delta Dental Premier® and Delta Dental PPOSM plans. Direct deposit will be made to one bank account for all lines of business if they share the same TIN and practice location.

Banking Information											
Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings										
Name shown on the bank account record											
Bank routing number (nine digits noted on check)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Bank account number											
NOTE: A photocopy of a VOIDED check must be returned with this signed enrollment form.											

Discontinue enrollment:

Reason for discontinuing enrollment: _____

Contact name: _____ Telephone number: (____) _____

Please indicate your email address below if you would like to receive an email confirmation after this enrollment form has been processed: _____

_____ Date: _____

Provider's signature (Requires provider's original signature)

Completion of the Direct Deposit Enrollment Form

Please be sure the information on this form is accurate and complete to help prevent any unnecessary delays in processing your request. Before submitting your enrollment form, please check that you have:

- Checked "New enrollment," "Change enrollment information" or "Discontinue enrollment."
- Filled in your business and practice location information.
- Filled in your banking information and attached a photocopy of a VOIDED check with the form.
- For discontinuing enrollment only: Filled in your reason(s) for discontinuing enrollment.
- Provided your contact information so that we may clarify any statements or data on the form if necessary.
- Signed and dated the form. The provider's actual signature is required. Rubber stamped signatures or initials cannot be accepted.

Send via U.S. mail, fax or scan and email the completed form and voided check to the Delta Dental company in which you are contracted:

Delta Dental of California
Attn: Dentist Network Administration and Contracting
P.O. Box 537010
Sacramento, CA 95853-7010
Email: dentist_services@delta.org
Fax: 916-852-8995

Delta Dental Insurance Company (AL, FL, GA, LA, MS, MT, NV, TX, UT)
Attn: Network Administration and Contracting
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009
Email: dnac@ddic.delta.org
Fax: 770-641-5395

Delta Dental companies of Delaware, District of Columbia, New York, Pennsylvania (Maryland), West Virginia
Attn: Dentist Network Administration and Contracting
One Delta Drive
Mechanicsburg, PA 17055-6999
Email: ddpdentist_services@deltadentalpa.org
Fax: 717-774-1770

Reminder: Please notify Delta Dental immediately if there are any changes to the information you have submitted on this form.

Delta Dental includes these companies in these states:

Delta Dental of California - CA, Delta Dental of Pennsylvania - PA & MD, Delta Dental of West Virginia - WV, Delta Dental of Delaware, Inc. - DE, Delta Dental of the District of Columbia, Inc. - DC, Delta Dental of New York, Inc. - NY, Delta Dental Insurance Company - AL, FL, GA, LA, MS, MT, NV, TX, UT.