

Provider Add/Remove Request

Effective Date _____

Please select:

Add provider

Remove provider

Clinic Name _____

TIN _____

Provider Information:

Name _____

NPI _____

Location address _____

Office phone number _____

For temporary providers:

Start Date: _____ End Date: _____

If this request is for more than one location, please list all additional addresses below.

List provider on the Delta Dental Directory: YES NO