



NOTICE OF ADDRESS CHANGE

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 mailing address) _____ _____	
Telephone number (____) _____		Telephone number (____) _____	
Effective date of new location: _____			
Taxpayer Identification Number (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:

- Use my current accepted 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 997330 – IMS D12
 Sacramento, CA 95899-7330
Or via Fax: 916-852-8995

Delta Dental of Insurance Company
 ATTN: Dentist Network Administration and Contracting
 P.O. Box 1809
 Alpharetta, GA 30023
Or via Fax: 770-641-5395

Delta Dental of Pennsylvania
 ATTN: Dentist Network Administration and Contracting
 One Delta Drive
 Mechanicsburg, PA 17055-6999
Or via Fax: 717-774-1770