



# Service Office Location Change Form

Fax Number: 973-285-4192

Email: [professionalservices@deltadentalnj.com](mailto:professionalservices@deltadentalnj.com)

Please indicate the effective date of the change \_\_\_\_/\_\_\_\_/\_\_\_\_ **\*\*\*Required\*\*\***

Claims submitted from the new location with dates of service prior to the effective date or in the absence of may reflect non-participating status. Please confirm date.)

Dentist Name: \_\_\_\_\_

Dentist License #: \_\_\_\_\_

This change of address applies only to me.  
(I am the only dentist at this location.)

This change applies to multiple dentists. (A form is required for each dentist, separately.)

Applicable Program(s) I wish to continue my participation are checked below. (If unchecked, your current participation level(s) at the old address will be transferred over to the new address upon signing below.)

- Delta Dental Premier
- Delta Dental PPO
- Advantage Program (NJ only)
- Non-Participating

OLD ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

(Physical office location of treatment.)

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Office Email address: \_\_\_\_\_

NEW BILLING LOCATION: \_\_\_\_\_

(Where checks are to be mailed.)

Name for IRS Form 1099 Reporting: \_\_\_\_\_

(Must be identical to how it appears on IRS Form W-9.)

Tax Identification Number for IRS Form 1099 Reporting: \_\_\_\_\_

I attest that the information provided in my most recent Credentialing on file at the “old office address” remains correct. I further attest all Participation Agreements, Participating Dentist Rules & Regulations in effect at the “old” address will remain in full effect at the “new” address, including my usual fees on file with Delta Dental and EFT on file if applicable.

The Entity/Employer “Owner” hereby also agrees to be primarily responsible for abiding by all of the obligations imposed on the Participating Dentist above by this Agreement and will also abide by the additional obligations defined in the Participating Dentist Handbook.

\_\_\_\_\_  
Applicant - Print Name

\_\_\_\_\_  
Owner - Print Name

\_\_\_\_\_  
Owner – License Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Owner – Signature