

639 Isbell Road, Ste. 210
 Reno, NV 89509-4988
 Phone: 866.270.8326
 Fax: 877.243.3797

DDS Information Form

Please ensure ALL fields are completed prior to submitting. We are unable to accept incomplete forms.

Last Name

First Name

Middle Name

License #

Specialty

DDS

DMD

Other: _____

Owner

Associate

Independent

Dentist NPI (Type 1 Individual—Required)

Hospital and other Health Care Entity Memberships

List ALL Hospital and Surgical Center where you currently have an affiliation, membership and/or been granted privileges. (Use additional sheet if needed.)

Hospital/Surgical Center: _____

Hospital/Surgical Center: _____

Hospital/Surgical Center: _____

Foreign Languages Spoken by Practitioner

Have you had any Board Actions or Stipulations in ANY state filed against you in the past five years? Yes No

If yes, please supply details of each case on a separate page.

Corporate NPI (Required if Business is a Corporation)

Languages, Other than English, Spoken In Your Office

Practice Name (Practice Name as appears on outside signage)

Pay to Name (Business name on IRS Documents)

EIN/TIN
SSN

EIN/TIN Name (Business name on IRS Documents)

EIN/TIN Number

Business Phone

Fax Number

Is your office accepting new patients? Yes No

Office Contact

Mailing Address (if different than Physical Address) Same As Physical Address

Physical Address (This will be displayed on the Provider Directory)

Address

Address

City State Zip
Remit Address Same As Physical Address Same As Mailing Address
(Insurance Pay To Address)

City	State	Zip
Office Hours:	Sunday	Open: Closed:
	Monday	Open: Closed:
	Tuesday	Open: Closed:
	Wednesday	Open: Closed:
	Thursday	Open: Closed:
	Friday	Open: Closed:
	Saturday	Open: Closed:

Address

City State Zip

Wheelchair accessible Yes No

I.V. Sedation Yes No

General Anesthesia Yes No

Nitrous Oxide Yes No

Website

Email

Dentist Signature

Date

Additional Locations

Additional Location		
*Additional Location Name		
*Additional Location Address		
Phone	Fax	Credentialing Contact
TIN	NPI	Start Date/End Date
Additional Location		
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