

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

<p>Dentist NPI <i>(Type 1 Individual—Required)</i></p> <p style="text-align: center;">Hospital and other Health Care Entity Memberships</p> <p>List ALL Hospital and Surgical Center where you currently have an affiliation, membership and/or been granted privileges. (Use additional sheet if needed.)</p> <p>Hospital/Surgical Center: _____</p> <p>Hospital/Surgical Center: _____</p> <p>Hospital/Surgical Center: _____</p>	<p>Foreign Languages Spoken by Practitioner</p> <p>Have you had any Board Actions or Stipulations in ANY state filed against you in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please supply details of each case on a separate page.</p> <hr/> <p>Corporate NPI <i>(Required if Business is a Corporation)</i></p> <p>_____</p> <p>Languages, Other than English, Spoken In Your Office</p> <p>_____</p>
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Practice Name <i>(Practice Name as appears on outside signage)</i>	
Pay to Name <i>(Business name on IRS Documents)</i>	<input type="checkbox"/> EIN/TIN <input type="checkbox"/> SSN

EIN/TIN Name <i>(Business name on IRS Documents)</i>	EIN/TIN Number
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Business Phone	Fax Number
Office Contact	Is your office accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Address <i>(This will be displayed on the Provider Directory)</i>	Mailing Address <i>(if different than Physical Address)</i> <input type="checkbox"/> Same As Physical Address
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Address	Address
City	City
State	State
Zip	Zip

Remit Address <i>(Insurance Pay To Address)</i> <input type="checkbox"/> Same As Physical Address <input type="checkbox"/> Same As Mailing Address	
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Address	
City	City
State	State
Zip	Zip

Wheelchair accessible Yes No
 I.V. Sedation Yes No
 General Anesthesia Yes No
 Nitrous Oxide Yes No

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

Website

Email

Dentist Signature
Date