

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	
<input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> Other: _____ <input type="checkbox"/> Owner <input type="checkbox"/> Associate <input type="checkbox"/> 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

Physical Address *(This will be displayed on the Provider Directory)* **Mailing Address** *(if different than Physical Address)* Same As Physical Address

Address

Address

City State Zip

Remit Address *(Insurance Pay To Address)* Same As Physical Address Same As Mailing Address

Address

City State 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**