Diversified Dental Services, Inc.

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

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

Address

City State Zip

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

Address

City State Zip

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

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:

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

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