Principal®

Principal Life Insurance Company

Additional Location Request – Same State – Provider Web

Return Completed Form AND Malpractice Coverage sheet to:

Fax: **866-592-5970** or Email: DLGRPPFGPROVIDER@exchange.principal.com

Dentist Information - Your **Date of Birth, SSN and NPI are required.** We cannot accept without these numbers.

Name as it appears on state license

First: _____ Middle: _____ Last: _____ Suffix: _____

Other names(s) currently or previously used: _____

Date of Birth: _____ SSN: _____ Individual NPI: _____

Gender: ☐ Male ☐ Female License No. _____ State: _____

Field of practice: ☐ Endodontics ☐ Oral maxillofacial surgery ☐ Pediatric dentistry

☐ General dentistry ☐ Orthodontics ☐ Periodontics ☐ Prosthodontics

Location Information

Location 1 – Start Date at this location: _____ Location is: ☐ Primary ☐ Secondary

DBA/Practice Name: _____

Street: _____ Suite: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

Email address for directory: _____

Group/Type II NPI: _____ Claims submitted: ☐ Electronically ☐ Paper

SSN or TIN for IRS Reporting: _____ Type: ☐ SSN ☐ TIN

Payee/Billing Name: _____

Payee/Billing Address (If different from above): _____

Office Hours (ie, 8:00-5:00): M _____ T _____ W _____ Th _____

F _____ Sa _____ Su _____

Do you have 24 hour coverage? ☐ Yes ☐ No Is the location wheelchair accessible? ☐ Yes ☐ No

Location 2 – Start Date at this location: _____ Location is: ☐ Primary ☐ Secondary

DBA/Practice Name: _____

Street: _____ Suite: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

Email address for directory: _____

Group/Type II NPI: _____ Claims submitted: ☐ Electronically ☐ Paper

SSN or TIN for IRS Reporting: _____ Type: ☐ SSN ☐ TIN

Payee/Billing Name: _____

Payee/Billing Address (If different from above): _____

Office Hours (ie, 8:00-5:00): M _____ T _____ W _____ Th _____

F _____ Sa _____ Su _____

Do you have 24 hour coverage? ☐ Yes ☐ No Is the location wheelchair accessible? ☐ Yes ☐ No

FOR ADDITIONAL LOCATIONS, PLEASE COPY/COMPLETE THIS PAGE