

Associate Add/Term Request

Clinic Name _____

TIN _____

Provider Information:

Name _____

NPI _____

Location address _____

Office phone number _____

Please select: Adding new associate _____ or Termining current associate _____

Effective Date _____

If adding a new associate please indicate the provider status:

- Permanent
- Temporary (Fill-in) - please indicate a term date if already determined _____
- List provider on the Delta Dental Directory at the below address? YES/NO

If this request is for more than one location, please list the all address below and whether the provider should be listed in the directory for each additional location.

Directory: YES/NO

Please email completed form to dpror@deltadentalor.com or fax to 503-952-5277 for processing.