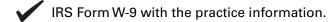
## Change of Data Form | Dental

Please complete all sections of the Abbreviated Application in its entirety. Approximate length of time to complete is 5 minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

## 1. Provider/Practice information changes:

Complete **each** section of the form with indication *Not Applicable* (N/A) where appropriate. Please include an explanation in the comment section describing the changes you are requesting. Provide a list of additional locations the provider will be affiliated with including the TIN/EIN and group billing NPI.

## 2. Attach photocopies of the following:



List of locations the provider is being affiliated with.

List of providers associated with the location change request.

Any questions may be directed to <u>dentalproviderrelations@usablelife.com</u>. You will receive a letter confirming your effective date.

\*This Form is for providers that are currently credentialed with Arkansas Blue Cross and Blue Shield.





## **Provider/Practice Information Changes**

The supporting documentation will serve as a request to make changes to your existing Arkansas Blue Cross and Blue Shield contract.

Provider signature					Da	Date signed				
Moving to a new location Updating mai				iling address Updating billing/payment address Name change						
Provider first name				Middle	e initial	Last name				
Provider NPI Type-1					NPI Type-2					
Provider Specialty: General Endo				Perio	Pedo	Prost	ho	Oral surg	Ortho	
Office name					Contact name					
New street address				City				State	ZIP	
Primary phone number Fax					Email address					
Languages spoken					Website					
Office Hours										
Monday	Tuesday	Tuesday Wednesday		Thur	rsday	Friday		Saturday	Sunday	
TDD Accessibl				e by public transportation Ha			Handid	andicap accessible		
Technology used					Tax Identification Number (W-9 required for verification)					
Comments						Return completed form to: Arkansas Blue Cross and Blue Shield ATTN: Dental Provider Relations PO Box 1650 Little Rock, AR 72203 or Fax: 501-208-8302 Email: dentalproviderrelations@usablelife.com				
						⊨maii: ₫	entalpro	oviderrelatio	ns@usablelite.com	



