

Provider Update Form - Provider Operations

You may send this form by e-mail to Standardupdates@dentaquest.com or by fax to 262-241-4077

Section 1: Current Information - Complete for ALL Requests - Asterisk denotes required fields

Change Effective Date (Required) :

*Provider Last Name *Provider First Name

*Individual National Provider Identifier (NPI) #

Date of Birth Social Security # Gender

*Specialty *Personal E-Mail

Requestor Information

*Requestor Name *Title

*Requestor Contact Information (Phone or E-mail)

Section 2: Type of Update - Check all that Apply - Complete for ALL Requests - For Questions contact your Provider Engagement Representative or Customer Service

- Business (Tax ID) - Add/ Term/ Update - **Complete Sections 1, 7 and 8**
- Credentialing Correspondence Change/Update - **Complete Sections 1 and 5**
- EFT/ Payment - **Complete Sections 1 and 8**
- License Change - **Complete Sections 1 and 4**
- Name Change - **Complete Sections 1 and 3**
- Location - Add/ Term/ Update - **Complete Sections 1 and 6**
- Termination Request - **Complete Sections 1 and 9**

Section 3: Name Change - Attach supporting legal documentation

New Last Name New First Name

New Middle Name New Suffix

Please Note: Before DentaQuest can change your name in our system, your license must reflect the name change.

Section 4: License Change

New Dental License Number State

New DEA License Number State

New State Drug License Number State

New Medicaid License Number State

Other License Name

Other License Number State

Section 5: Credentialing Correspondence Change

Credentialing Contact Name

Correspondence Address

City State Zip Code

Telephone Fax

Credentialing E-Mail

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Section 6: Location Add/ Term/ Update - In order to link this provider/location to an existing contract, include documentation for Adds and Changes that include the below information on Company Letterhead.

<input type="checkbox"/>	Add	<input type="checkbox"/>	Term	<input type="checkbox"/>	Update
Tax ID Number	<input type="text"/>	Medicaid ID (if applicable)	<input type="text"/>		
Location Name	<input type="text"/>				
Location Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>		
Can this fax number accept PHI?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Office E-Mail	<input type="text"/>				
Office Hours	Monday - <input type="text"/>	Tuesday - <input type="text"/>	Wednesday - <input type="text"/>	Thursday - <input type="text"/>	Friday - <input type="text"/>
	Friday - <input type="text"/>	Saturday - <input type="text"/>	Sunday - <input type="text"/>	Ages Minimum	<input type="text"/>
				Ages Maximum	<input type="text"/>
<input type="checkbox"/>	Primary Location	<input type="checkbox"/>	Handicapped Accessible		
Office Languages	<input type="text"/>				

Section 7: Business - (Tax ID) Add/ Term/ Update - Updated Contract, W9 and Disclosure of Ownership required for all Adds and Updates - W9 and Disclosure of Ownership Attached

<input type="checkbox"/>	Add	<input type="checkbox"/>	Term	<input type="checkbox"/>	Update
Old/ Current Tax ID Number	<input type="text"/>	New Tax ID Number	<input type="text"/>		
Business Name	<input type="text"/>				
Business Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>		
Office E-Mail	<input type="text"/>				
Group NPI	<input type="text"/>				

Please Note: DentaQuest requires a Group NPI for all business types except Sole Proprietors.

Will you have any outstanding claims to submit under the old/current Tax ID Number?

If yes, please provide a date of when all claims will be submitted by: _____

Yes

No

Section 8: EFT/ Payment

Tax ID Number	<input type="text"/>				
Payment Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
<input type="checkbox"/>	Add EFT	<input type="checkbox"/>	Cancel EFT	<input type="checkbox"/>	Change EFT

Please Note: The DentaQuest EFT Form will need to be completed for any Adds or Updates. This includes a copy of a voided check or a bank letter (attached)

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Section 9: Termination Request

Term Provider at Location Listed Below

Tax ID Number

Please attach document with any additional locations to be termed.

Term Provider at ALL Locations - ALL Networks

Please attach term letter, note or document from the provider that includes all locations to be termed as applicable.

Term Business

Tax ID Number

Please attach a list of providers and locations that need to be terminated.

Term Reason/ Comments

Location Name

Location Address

City

State

Zip Code

Notes

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Additional Location Add/ Term/ Update - In order to link this provider/location to an existing contract, include documentation for Adds and Changes that include the below information on Company Letterhead.

<input type="checkbox"/> Add	<input type="checkbox"/> Term	<input type="checkbox"/> Update	
Tax ID Number	<input type="text"/>	Medicaid ID (if applicable)	<input type="text"/>
Location Name	<input type="text"/>		
Location Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Can this fax number accept PHI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Office E-Mail	<input type="text"/>		
Office Hours	Monday - <input type="text"/>	Tuesday - <input type="text"/>	
	Wednesday - <input type="text"/>	Thursday - <input type="text"/>	
	Friday - <input type="text"/>	Saturday - <input type="text"/>	
	Sunday - <input type="text"/>	Ages Minimum <input type="text"/>	Ages Maximum <input type="text"/>
<input type="checkbox"/> Primary Location	<input type="checkbox"/> Handicapped Accessible		
Office Languages	<input type="text"/>		