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:**

- ✔ IRS Form W-9 with the practice information.
- ✔ List of locations the provider is being affiliated with.
- ✔ List of providers associated with the location change request.

Any questions may be directed to **dentalproviderrelations@usablelife.com**. 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	**Date signed**

☐ **Moving to a new location** ☐ **Updating mailing address** ☐ **Updating billing/payment address**
☐ **Changing primary location** ☐ **Specialty** ☐ **Name change**

Provider first name	**Middle initial**	**Last name**

Provider NPI Type-1	**NPI Type-2**

Provider Specialty: ☐ General ☐ Endo ☐ Perio ☐ Pedo ☐ Prostho ☐ 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	Wednesday	Thursday	Friday	Saturday	Sunday

TDD	**Accessible by public transportation**	**Handicap 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