insuringsmiles.com
PO Box 659 Evansville, IN 47704-0659
800-727-1444 Fax: 812-424-2096

Individual Dentist Information Update

Reason for update (check all that apply):

☐ Demographic Change Address, Phone, Fax, Email

☐ Office Location Addition

☐ Dentist Left Practice

☐ Tax ID/W9 Information Claims Payment Requires W9

☐ Request Network Enrollment Information

Dentist Name	
Individual Dentist NPI	
Individual Dentist CAQH Identifier	
Dentist Specialty	
Practice/Office Name	
Practice Address	
Practice City, State, Zip Code	
Practice County	
Practice Phone Number & Fax Numbers	Phone: Fax:
Practice Email	
Billing Tax ID of Payee	**SUBMIT Federal Form W-9**
Billing Name	
Billing Address	
Billing City, State, Zip-Code	
Billing Phone & Fax Numbers	Phone: Fax:
Effective Date	
Applicable Network	☐ Commercial ☐ Medicare
Comments/Specific Instructions	
Other/Additional Dentists in Practice	A separate form is required for each dentist affected

Person Authorizing Change: _____

Print Name & Title **Signature**

Return Form and W-9 to:
FAX: (812) 401-3609
EMAIL: credentialing@insuringsmiles.com