Dental provider contract information

The information provided on this form will be used to set up your provider, group, or facility records, as well as your contract and provider directory listing.

Dental provider

Name ______

Specialty type ______

Language fluency ______

Individual NPI ______

Tax ID number ______

Provider's patient capacity ______

Provider Medicare ID ______

Dental practice

Name ______

Group NPI ______

Group Medicare ID ______

Tax ID number ______

Please use the Group or Facility Roster form and include it with this form

Group's total patient capacity ______

Line of business requested (select all that apply)

Commercial (PacificSource Health Plans)

Medicare (PacificSource Community Health Plans)

Dental practice information (for patient visits and directory listing)

Practice name (as it should appear in the directory) ______

Address ______

City ______ State ______ Zip code ______ County ______

Location effective date ______ Adding location Changing location

Contact name ______ Contact email ______

Contact title ______ Practice phone ______ Practice fax ______

Do you require a separate fee for PacificSource members to access care with your providers? Yes No

Billing information

Billing name (as it appears on claims) ______

Address ______

City ______ State ______ Zip code ______ County ______

Location eff. date ______ Adding location Changing location

Billing contact name ______

Billing contact email ______

Billing contact phone ______ Billing contact fax ______

Form completed by ______ Role/title ______

Email ______ Phone ______ Date completed ______

Return this form to: DentalContracting@PacificSource.com | Fax: 541-225-3643

Questions? Email DentalContracting@PacificSource.com. We're happy to help.