DELTA DENTAL

Complete the information below for each provider practicing at your location and email completed form to **profservices677@ddpco.com** or fax to 303-741-2230.

TAXPAYER IDENTIFICATION NUMBER

TIN:

PROVIDER LISTING (TIN above applies to following providers' billing services through the entity listed above.)

Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:

Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	
Provider Name:		License#:	