REIMBURSITY

DENTAL OFFICE INFORMATION

Date

Doctor/Office Information

Primary Doctor Name

Dental Office Legal Name (W-9)

Dental Office DBA (If Applicable)

Street Address line 2

City

State

Zip Code

Phone Number

FAX

Dr. Email Address

Contact Name (office Rep.)

Contact Email

Tax Id

NPI

Payee Name on Insurance Checks

Group NPI (If Applicable)

Medicare PTAN (If Applicable)

Additional Provider Name

NPI

Additional Provider Name

NPI

Additional providers can be added to this location if all information is same as primary Doctor, if there are additional Tax Id's, individual forms for each provider must be submitted for each EIN.