

Provider Termination Form

Delta Dental of New Mexico

Date of Termination (MM/DD/YYYY)

Instructions

Use this form to notify Delta Dental of New Mexico about a provider who is no longer working at your practice. If you need additional space, please submit multiple forms. For changes to the tax identification number, office address, hours, or other office details, please use the Practice Information Update Form.

License Number

Inactive	Provid	der
Inactive Provid	der's Full Na	ame

Reas	on for Provider's Termination (e.g	J., "Retired" or "Moved o	out of state")			
Pra	ctice Information	to Remove				
4	Business Name	Tax Identific	cation Number (TIN)	Terminate this provider from all service office locations under this TIN? Y \square N \square		
	Service Office Address (including City, State, and ZIP Code)					
	Business Name	Tax Identific	cation Number (TIN)	Terminate this provider from all service office locations under this TIN? Y \square N \square		
Service Office Address (including City, State, and ZIP Code)						
7	Business Name	Tax Identific	cation Number (TIN)	Terminate this provider from all service office locations under this TIN? Y \square N \square		
3	Service Office Address (including City, State, and ZIP Code)					
4	Business Name	Tax Identific	cation Number (TIN)	Terminate this provider from all service office locations under this TIN? Y \square N \square		
Service Office Address (including City, State, and ZIP Code)						
Signature of the Person Submitting this Form		Name of the Person Submitting this Form (print)				
Date	Date Signed		Contact Phone Number			

Delta Dental of New Mexico 100 Sun Ave NE, Suite 400 Albuquerque, NM 87109

Email: <u>providerrelations@deltadentalnm.com</u>

Telephone: (800) 999-0963

Fax: (505) 883-7444