

## Instructions

To process a designation of direct payment or other service on behalf of our Members, Delta Dental New Mexico needs basic information from a non-participating dental provider. Complete and submit this form along with a copy of: (1) current state(s) license(s); (2) specialty certificate, if applicable; and (3) completed IRS Form W-9 to [nmproviderrequests@deltadentalnm.com](mailto:nmproviderrequests@deltadentalnm.com). Note that a separate submission is necessary for each non-participating provider in a group practice. Thank you for your cooperation.

## Section 1 - Provider Information

Name (Last, First, Middle Initial)		Suffix (e.g., Jr., III)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number		Date of Birth (MM/DD/YYYY)	
NM State License Number		Specialty	
National Provider Identification (NPI) Number Type 1			
Name of Dental College or University Attended		Graduation Date (MM/DD/YYYY)	

## Section 2 - Primary Practice Location

Business Name		Billing Tax ID	
Street Address (including City, State, and ZIP Code)			
Telephone	Fax	Office Email Address	

## Section 3 - Standard Authorization, Attestation, and Release

The information provided in this form and the attachments is true and complete to the best of my knowledge and belief. I will notify Delta Dental of New Mexico of any change in this information within 30 days by email or US Mail.

I authorize the New Mexico Board of Dental Health Care (or any other dental licensing agencies in any State that I am licensed to practice dentistry), and any health care facility, health maintenance organization, or professional organization with whom I have had employment, practice, association, or privileges, to release information to Delta Dental of New Mexico.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Delta Dental of New Mexico

Toll Free: (877) 395-9420  
 Local: (505) 855-7111  
 Fax: (888) 404-8725

Thank you for your cooperation in improving the Oral Health & Smiles of our Members!