

## **PROSPECTIVE PROVIDER REQUEST**

Submitted on:

Prospective provider full name:

State:

Individual NPI:

Date of birth:

Gender:

SSN:

Email address:

Credentialing contact phone number:

Additional notes:

Delta Dental of Michigan PO Box 30416 Lansing, MI 48909 Delta Dental of Ohio 66600 Blazer Parkway, Suite (66600 Blazer Parkway, Suite (66600 Blazer) Dublin, OH-43017 Delta Dentel of Indiana 225 South East Street, Suite 200 Indianapolis, IN 46202