

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.

Inactive Provider

| | | |
|---|----------------|----------------------------------|
| Inactive Provider's Full Name | License Number | Date of Termination (MM/DD/YYYY) |
| Reason for Provider's Termination (e.g., "Retired" or "Moved out of state") | | |

Practice Information to Remove

| | | | |
|---|--|---------------------------------|---|
| 1 | Business Name | Tax Identification Number (TIN) | Terminate this provider from all service office locations under this TIN? Y <input type="checkbox"/> N <input type="checkbox"/> |
| | Service Office Address (including City, State, and ZIP Code) | | |
| 2 | Business Name | Tax Identification Number (TIN) | Terminate this provider from all service office locations under this TIN? Y <input type="checkbox"/> N <input type="checkbox"/> |
| | Service Office Address (including City, State, and ZIP Code) | | |
| 3 | Business Name | Tax Identification Number (TIN) | Terminate this provider from all service office locations under this TIN? Y <input type="checkbox"/> N <input type="checkbox"/> |
| | Service Office Address (including City, State, and ZIP Code) | | |
| 4 | Business Name | Tax Identification Number (TIN) | Terminate this provider from all service office locations under this TIN? Y <input type="checkbox"/> N <input type="checkbox"/> |
| | 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 Signed

Contact Phone Number