



Records Change Form (for Dentists)

Add Doctor Delete Doctor Add Location Delete Location

Practice Office Name

Tax ID

Add/Delete Provider Use the section below to list the PROVIDER(S) that need to be Added/Deleted.

Check one		Provider Name	NPI #	CAQH #*	Email
Add	Delete				

If no CAQH, please send:

- 1) Completed provider application
- 2) Copy of current license
- 3) Copy of insurance
- 4) Copy of DEA license.

Add/Delete Location Use the section below to list the LOCATION(S) the provider needs Added/Deleted. This section can also be used to add/delete a practice location. If only adding/deleting a location(s), do not check the New Provider Location box.

Please check:	Add	Delete	New Provider Location?	NPI #:	
Practice Name:					
Location Address:	Address	City/State		Zip	
Billing Address:	Address	City/State		Zip	
Phone:				Fax:	

Please check:	Add	Delete	New Provider Location?	NPI #:	
Practice Name:					
Location Address:	Address	City/State		Zip	
Billing Address:	Address	City/State		Zip	
Phone:				Fax:	

Contact Person

Phone

Email

Fax

Return to: Provider Relations
 Email: ProviderRelations@AlwaysCareBenefits.com
 Fax: (225) 400-9326