



Change Request

| | | | | | |
|--|--|-----------------------|--|---|--|
| W9 is Required for ALL Changes. | | Effective Date | | What plans are included in the requested update? | |
| <input type="checkbox"/> TIN Change | | _____ | | <input type="checkbox"/> Dental Maintenance Organization (DMO [®]) and related Plans | |
| <input type="checkbox"/> Office / TIN Entity Name Change | | _____ | | <input type="checkbox"/> Preferred Provider Organization/Participating Dental Network (PPO/PDN) Plans (including, but not limited to, Aetna Dental [®] Administrators plans) and discount programs | |
| <input type="checkbox"/> Address Change | | _____ | | | |

A. Previous Practice Information

| | | | | | |
|--|--|------------|---|---------------|----------|
| Individual/Corporate Name (must match the first line on W-9) | | | | | |
| TIN | | | Group National Identification Number (NPI), if applicable | | |
| Street Address | | Suite | City | | State |
| | | | | | ZIP Code |
| | | | | | County |
| Telephone Number | | Fax Number | | Email Address | |

B. New Practice Information (Name and/or TIN)

| | |
|--|---|
| Individual/Corporate Name (must match the first line on W-9) | |
| How would you like your name to appear in the directory? | Owner Name |
| TIN | Group National Identification Number (NPI), if applicable |

C. New Address Information – All currently contracted associates will be transferred to the new information unless otherwise noted. If you would like us to update the practice's associate listing, please include a list of associates who will continue to practice under the new TIN/Location. Any associate not listed will be considered "No Longer With Practice" and removed from participating networks.

| | | | | | | | |
|---|------------------|-------|------------|--|-------------------|--|--------|
| Street Address | | Suite | City | | State | ZIP Code | County |
| | | | | | | | |
| TIN | Telephone Number | | Fax Number | | Primary Location: | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Public Email Address (email will link to the office from DocFind) | | | | Web Address (web address will link to the office from DocFind) | | | |
| Language(s) Spoken by Dentist | | | | Accepting New Patients? | | Handicap Accessible? | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

D. Administrative Billing Address – Note: If different from service location, patient rosters and checks will be sent to administrative address only.

| | | | | | | | |
|---|--|------------|------|---------------------|-------|----------|--------|
| Street Address | | Suite | City | | State | ZIP Code | County |
| | | | | | | | |
| Telephone Number | | Fax Number | | Admin Email Address | | | |
| | | | | | | | |
| All mail correspondence should come to: <input type="checkbox"/> This location <input type="checkbox"/> Individual office location(s) | | | | | | | |

Incomplete or inaccurate information may delay processing. We will contact you if it is determined that additional information is needed.

E. Authorization

| | |
|-----------|-------------------|
| Signature | Date (MM/DD/YYYY) |
|-----------|-------------------|

Instructions: Print and fax/mail a fully completed and signed request with any supporting documents to:

For the States of: Alabama, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Washington (DC), Virginia and West Virginia

Fax: (860) 754-1602 or Mail to: Aetna Dental East – 9000 Southside Blvd. Bldg. 100 – Jacksonville, FL 32256

For the States of: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, Michigan, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming and Wisconsin

Fax: (866) 445-4387 or Mail to: Aetna Dental West – 21215 Burbank Blvd, Suite 620 – Woodland Hills, CA 91367

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In TX, the Dental PDN plans are underwritten and/or administered by Aetna Life Insurance Company (Aetna).