



PLEASE SEND US YOUR NPI NUMBER

Effective May 23, 2007, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates the adoption of the National Provider Identifier (NPI), a standard unique identifier for healthcare providers and organizations that are defined as covered entities under HIPAA. Providers who transmit health information in electronic form via standard HIPAA electronic transactions are considered covered entities.

In order to avoid delays in claims processing, please send us your NPI number.

Dentist Name: _____

TIN #: _____

License #: _____

Office Address:

Type 1 NPI # (Provider) _____

**** See next page for practices with more than one provider.**

Type 2 NPI # (Corporation) _____

PLEASE FORWARD THIS INFORMATION TO:

**Delta Dental of New Jersey
Professional Relations
PO Box 222
1639 Route 10
Parsippany, NJ 07054**

Or fax this form to 973-285-4192

