

# DeltaCare<sup>®</sup>

Administered by Delta Dental of Washington

## Dentist Status Change Form

*(This is not a notice of termination from DeltaCare Network)*

Dentist name: \_\_\_\_\_

Date: \_\_\_\_\_

License # \_\_\_\_\_

Address: \_\_\_\_\_

We would like to change our status for accepting new patients. We understand this change will be effective on the last day of the month if it is received by Delta Dental of Washington before the 25<sup>th</sup> of that month. If the request is received after the 25<sup>th</sup> of the month, the change will be effective the last day of the following month.

**Current Status:**

Open

Closed

**Change to:**

Open

Closed

*If requested, DeltaCare will close your office to all incoming additions whenever possible. There are some exceptions to this process, such as electronically submitted eligibility updates of new employees received from the employer group or additions to your roster that occurred prior to your request to change. We expect that you honor these additions.*

Our office agrees to accept 'patients of record' while our office status is closed (*Patient of record is a previous patient seen within the last four (4) years*).

Our office agrees to accept the addition of immediate family members while our office status is closed.

If you have any questions, please feel free to contact our Professional Relations department at (800) 367-4104 or one of our Client Service Representatives at (800) 650-1583.

E-Mail, Mail or Fax your form to:

[ProviderServices@DeltaDentalWA.com](mailto:ProviderServices@DeltaDentalWA.com)

Fax # (800) 460-3159

Delta Dental of Washington

P.O. Box 75983

Seattle, WA 98175

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required)