



### FCL DENTAL PROVIDER CHANGE FORM

Add Provider   
  Remove Provider   
  Add Location   
  Delete Location   
  Change TIN

Currently participate in:   
 PPO   
 DHMO   
 Medicaid/Medicare   
 All

Market:   
 TX   
 LA   
 MO   
 TN   
 ALL OTHERS

ADD/DELETE PROVIDER		Use the section below to list the providers that need to be Added/Deleted.			
Check One		Provider Name	NPI #	Contact Email	Contact Phone #
Add	Delete				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

**For new providers, please send:**

- 1) Completed provider application 2) Signed Provider Agreement 3) Copy of current credentials**

CHANGE IN TAX IDENTIFICATION NUMBER (TIN) ( IMPORTANT: You must submit Form W 9 with ALL "Change in TIN requests.)	
Current TIN	New TIN
Payable to Name (New TIN)	

CHANGE OF ADDRESS/ ADDING ADDRESS (*IMPORTANT: If there is a change of ownership, please submit either the bill of sale or a letter from the previous owner. Please submit page 5 of the provider application to have complete details of the office.)
--

OLD Physical Location Address (Street)	(Suite)	(City)	(State)	(Zip Code)
OLD Mailing Address if different (Street or PO Box)	(Suite)	(City)	(State)	(Zip Code)
OLD Payment Address if different (Street or PO Box)	(Suite)	(City)	(State)	(Zip Code)
OLD Phone Number	OLD Fax Number			
<b>NEW/ADDING Physical Location Address</b> (Street)	(Suite)	(City)	(State)	(Zip Code)
<b>NEW Mailing Address if different</b> (Street or PO Box)	(Suite)	(City)	(State)	(Zip Code)
<b>NEW Payment Address if different</b> (Street or PO Box)	(Suite)	(City)	(State)	(Zip Code)
<b>NEW Phone Number</b>	<b>NEW Fax Number</b>			

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name (Printed): \_\_\_\_\_

**Return to:** FCL DENTAL  
 Attn: Provider Relations  
 101 Parkland Boulevard Suite 301  
 Sugar Land TX 77478  
 Fax #: 281-313-7155  
 Email: [pr@fcl dental.com](mailto:pr@fcl dental.com)