

## NEVADA DENTAL BENEFITS: PROVIDER PROFILE

OFFICE LOCATION INFORMATION		
Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:
Corporate/Practice NPI:	Office Contact/Manager:	Practice Management Software System:
E-Claim Vendor:	EIN # (TIN):	

OWNER DENTIST INFORMATION	
Owner Dentist Name:	
Degree:	NPI:
Type: (Please check) <input type="checkbox"/> General <input type="checkbox"/> Endo. <input type="checkbox"/> Oral. <input type="checkbox"/> Ortho. <input type="checkbox"/> Pedo. <input type="checkbox"/> Perio.	

ASSOCIATE DENTIST INFORMATION	
Associate Dentist Name:	
Degree:	Individual NPI:
Type: (Please check) <input type="checkbox"/> General <input type="checkbox"/> Endo. <input type="checkbox"/> Oral. <input type="checkbox"/> Ortho. <input type="checkbox"/> Pedo. <input type="checkbox"/> Perio.	

ASSOCIATE DENTIST INFORMATION	
Associate Dentist Name:	
Degree:	NPI:
Type: (Please check) <input type="checkbox"/> General <input type="checkbox"/> Endo. <input type="checkbox"/> Oral. <input type="checkbox"/> Ortho. <input type="checkbox"/> Pedo. <input type="checkbox"/> Perio.	

Note: If more than one owner/dentist at location, complete separate Practice Profile for each.

**OFFICE LOCATION**

Name:

**OFFICE HOURS**

DAY	OPEN	CLOSE	REOPEN	CLOSE
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**LANGUAGE(S)**
 Spanish   
 Chinese   
 Tagalog   
 Thai   
 Other \_\_\_\_\_
**PAYMENT**

Address you would like your checks sent (if different from above):

**1099**

Name (as shown on your income tax return):

EIN Number:

Address to send 1099 (if different from above):