



Addition of Office Location Form

Today's Date	
First Dental Health Rep	
Office Contact/Attention	
Office Contact Email	
Dentist Full Name (print)	
Dentist License #	
Individual NPI	

If we receive this form before the **20th** day of the current month the new individual location shown below will be active in the First Dental Health PPO Network on the 1st day of the current month. If received on or after the 20th day of the current month, the new location will be active the 1st of the following month.

Please **INITIAL** next to the First Dental Health **additional** network(s) you are opting to join at this location

_____ EPO (CA only) _____ ACCESS (CA/AZ only) _____ PPO PLUS (NV/AZ only)
 (Initial to Add) (Initial to Add) (Initial to Add)

Office Location:

Please provide additional office locations on a separate [Addition of Office Location](#) form.

Practice Name: _____

Office Address: _____

City, State & Zip: _____

Office Phone Number: _____ Office Fax Number: _____

****Please include a W-9 Form for each new office location****

Name on W-9: _____

(Line 1 of W-9 Form / Name being filed with the I.R.S)

Tax ID Number: _____ Is the Office wheelchair Accessible? Yes No

Office Email Address for Public Directory: _____

Non-English Languages spoken in the office: _____

Dentist Signature: _____

(Signature of Dentist being added is required to process request)

License #: _____ Date: _____

Please return this completed form(s) and W- 9 by email, fax or mail to First Dental Health
 P.O. BOX 919029 San Diego, CA 92191 | providerrelations@firstdentalhealth.com | Fax: (866) 613-6381

This office will receive a written confirmation upon the processing of this request

FOR FIRST DENTAL HEALTH USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE

Office Contact:	Data Entry Date:	
Contact Phone:	Effective Date:	Processed by Initials:



Privacy Notice – Notice of Collection

The privacy and protection of your information is important to First Dental Health, Inc. (“FDH”). This notice describes the type of information we collect and how we use that information.

What we collect.

We collect information that you provide to us when you apply to join a FDH network. This information includes:

- **Identity Information:** We collect information used to identify you, such as your name, date of birth, social security number, and gender.
- **Contact Information:** We collect information used to stay in contact with you, such as your physical address, email address, and telephone number.
- **Professional Information:** We collect information about your professional history and dental practice, such as your education and training history, work history, DEA information, licensing information, insurance information, malpractice history, and information that you authorize us to collect from others.

How we use your information.

Your Identity, Contact and Professional Information are used to evaluate your application/participation in the FDH networks. If you become a member of a FDH network, your Identity and Contact information are used to provide you the services and support set forth in the Provider Agreement. Your Professional Information will be used to evaluate your ongoing eligibility within the FDH networks as part of our re-credentialing process. We do not sell your personal information.

Privacy Policy and Contact Information.

You can review our Privacy Policy at <https://www.firstdentalhealth.com/contact/privacy-policy>. If you have any questions about this notice or how we protect and use your information, you can reach us by telephone at 1-858-689-0904.