



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

## Office Relocation Form

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 list additional office locations on a separate Addition of Office Location Form.*

**Include a completed W-9 Form for each new office location addition**

New Practice Location Name: _____		Effective Date _____
Office Address: _____		
City, State & Zip: _____		
Phone Number: _____	Fax Number: _____	
Office Email: _____	Wheel Chair Accessible: Yes__ No__	
Name on W-9: _____	Tax ID Number: _____	
Non-English Languages Spoken: _____		

Per your signed contract with First Dental Health, we will remove this former office from the First Dental Health network(s) after your new location is active.

Former Office Address: _____
City, State & Zip Code: _____

Dentist Signature \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of Dentist needed to process request)*

**Please return this completed form(s) and W- 9 within 30 days to prevent a possible interruption to your contract status. Please send by email, fax, or mail to First Dental Health.**

First Dental Health PO Box 919029 San Diego, CA 92191 | [providerrelations@firstdentalhealth.com](mailto:providerrelations@firstdentalhealth.com) | F: 866-613-6381

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

FOR OFFICE USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE

Office Contact:	Data Entry Date:	Mailed Welcome Packet Date:
Contact Phone:	Effective Date:	Processed by Initials:
	Processed by Initials:	

[www.FirstDentalHealth.com](http://www.FirstDentalHealth.com) | T: 800-334-7244



## **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.