



## **PROSPECTIVE PROVIDER REQUEST**

Submitted on:

Prospective provider full name:

State:

Individual NPI:

Date of birth:

Gender:

SSN:

Email address:

Credentialing contact phone number:

Additional notes:

Send completed form to [ncproviderrequests@deltadentalinc.com](mailto:ncproviderrequests@deltadentalinc.com).