

# Cigna Dental Dentist Change Form



Use this form to notify us of a change in your tax identification number (TIN), office and/or mailing address(es), *Payable to Name* and/or dental office name information.

**As a reminder, if you receive payments from Cigna via Electronic Fund Transfer, you must also make the changes to your electronic funds transfer (direct deposit) information by accessing the CignaforHCP.com website > Working with Cigna > Electronic Funds Transfer (EFT) > Manage EFT Settings.**

**Check all that apply:**

Currently participating in:  Cigna Dental Care (DHMO)  Cigna PPO  Non-participating

Is the office or a doctor moving?  Doctor  Associate  Both

Is the doctor an owner or an associate?  Owner  Associate  Not applicable

Is the old location closing?  Yes  No

**Is there a change of ownership?**  Yes  No **IMPORTANT:** If there is a change of ownership, please submit either the bill of sale or a letter from the previous owner.

<b>Name of New Owner/ Authorized Signer</b>	<b>Effective Date of Sale</b>
---	-------------------------------

**Are there any outstanding claims under the former office information?**  Yes  No

**TIN CHANGE**

- Complete and submit a W-9 form with the *Dentist Change Form* for **all** TIN change requests.
- Please list the name(s) of the health care professionals affected by the TIN change on the next page.
- If your TIN has changed, please provide your current or old address information in the *Change of Address* section below.

CHANGE IN TAX IDENTIFICATION NUMBER (TIN)		
Current or Former TIN	New TIN	New TIN Effective Date
Payable to Name for <i>New TIN</i>		<i>New Office NPI (Type 2)</i>
CHANGE OF DENTAL OFFICE NAME	Current <u>or</u> Old Office Name	<i>New Dental Office Name</i>

CURRENT ADDRESS FOR TIN CHANGE OR CHANGE OF ADDRESS—If the address is changing please fill out the information below.				
Current <u>or</u> Old Office Location Address (Street)	(Suite)	(City)	(State)	(Zip Code)
Current <u>or</u> Old Mailing Address if different (Street or PO Box)	(Suite)	(City)	(State)	(Zip Code)
Current <u>or</u> Old Payment Address if different (Street or PO Box)	(Suite)	(City)	(State)	(Zip Code)
Current <u>or</u> Old Phone Number	Current <u>or</u> Old Fax Number			
<b>NEW Office Location Address</b> (Street)	(Suite)	(City)	(State)	(Zip Code)
New Mailing Address if different (Street or PO Box)	(Suite)	(City)	(State)	(Zip Code)
New Payment Address if different (Street or PO Box)	(Suite)	(City)	(State)	(Zip Code)
New Phone Number	New Fax Number		Effective Date of Address Change	

CHANGE OF EMAIL ADDRESS	
Current/Old Email Address	New Email Address

**Cigna Dental—Dentist Change Form**

<b>NAME(S) OF HEALTH CARE PROFESSIONALS AFFECTED BY TIN / ADDRESS CHANGE</b>		
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)
Name	License Number	Provider NPI (Type 1)

**SEND THIS FORM TO:** Cigna Dental / Provider Services Unit  
PO Box 9072  
Denison, Texas 75020

Email: [dentalnetworkinbox-providerfilechanges@cigna.com](mailto:dentalnetworkinbox-providerfilechanges@cigna.com)

Fax: **860-697-4636**

DENTIST'S SIGNATURE \_\_\_\_\_

DENTIST NAME (PRINTED) \_\_\_\_\_ DATE: \_\_\_\_\_

"Cigna" is a registered service mark, and the "Tree of Life" logo and "Cigna Dental" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc., and not by Cigna Corporation.