

# CENTENE DENTAL SERVICES

## Provider Data Request

This form is for provider groups who are directly contracted with Envolve Dental, DBA Centene Dental Services (CDS). If you are contracted with United Concordia please reach out to them for support. Any new Tax IDs will need a new application found on our website.

**Instructions:** Please check a box below and provide an effective date or termination date.

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Add a Credentialed Provider to a Location- Complete Current/Additional Location Info       | Effective Date: _____ |
| <input type="checkbox"/> Add a New Location to a Contracted TIN- Complete Additional Location Info                  | Effective Date: _____ |
| <input type="checkbox"/> Update a Current Location- Complete Previous Location and Current/Additional Location Info | Effective Date: _____ |
| <input type="checkbox"/> Terminate a Provider form a Contracted TIN- Complete Provider and Previous Location Info   | Term Date: _____      |
| <input type="checkbox"/> Terminate a Location from a Contracted TIN- Complete Previous Location Info                | Term Date: _____      |

### Provider Information: (If Applicable)

Provider Name: \_\_\_\_\_  
Provider NPI Number: \_\_\_\_\_  
Language(s) Spoken: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
American Sign Language (ASL) Other(s): \_\_\_\_\_

### Current/Additional Location Information:

Location/Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### Office Hours: (If Applicable)

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

#### Payee Information:

Group  Individual  
Payee Name: \_\_\_\_\_  
Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Location Information:

Location/Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_

#### Payee Information:

Group  Individual  
Payee Name: \_\_\_\_\_  
Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_

Office Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

