



1-800-49-SMILE

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### PROVIDER DIRECTORY CHANGE FORM

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State \_\_\_\_\_

Phone: \_\_\_\_\_

To report potential inaccuracies of the provider directory, please mark corresponding box from the list of information in the provider directory below.

Provider location: \_\_\_\_\_ Provider name: \_\_\_\_\_

- Facility name
- Provider name
- Practice address
- California license number
- National Provider Identifier number
- Provider is not accepting product but listed as accepting product
- Provider is accepting product but listed as not accepting product
- Provider is not accepting new patients but listed as accepting new patients
- Provider is accepting new patients but listed as not accepting new patients
- Languages availabilities