

Quarterly Update for Medicare Advantage Providers

Federal regulations require us to reach out on a quarterly basis to verify that the information displayed in our provider directory is current. This is required for all providers who treat Medicare Advantage patients.

Please complete and return this form. Please send one form for each participating provider within 10 business days. You may return by **Fax** or **Email**.

- **To return by fax:** 816.257.3239
- **To return by email:** Scan and email to CDNvalidation@geha.com

If you have any questions regarding this request, contact a Connection Dental customer service representative at 800.505.8880, option 4.

We appreciate your participation in the Connection Dental Network and look forward to your prompt response to this request.

Sincerely,
Connection Dental Network

Please print required information for the update:

Provider Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Office phone: _____

Email Address: _____

Are you accepting new patients? Yes [] No []

Are there any changes that affect your availability to patients? Yes [] No []

By signing this form, I certify that the information provided is correct.

Name (printed): _____

Signature: _____ Date: _____

Connection Dental Provider ID Number: _____ NPI Number: _____