

Supplemental Location Form

Provider name: _____ Contact name: _____

Provider NPI number: _____ Contact phone number: _____

CAQH ID number: _____ Contact email: _____

Thank you for submitting your application. To ensure we are adding the correct locations please select the appropriate box that applies and complete the information below. Based on your response, we will add the specified practice locations to the Connection Dental Network upon successful completion of the credentialing process. Please note if there is a location that shares the same Tax ID that location must be participating as well.

- ☐ All locations listed on my Universal Application are current and should be added to my initial application to Connection Dental Network.
- ☐ Only the locations associated with the following Tax ID numbers should be added:
- _____
- ☐ Only the below listed/attached locations should be entered from my Universal Application.*

Location 1:	
Office name:	
Address line 1:	
Address line 2:	
City, State, Zip:	
Phone:	
Tax ID:	
Location 2:	
Office name:	
Address line 1:	
Address line 2:	
City, State, Zip:	
Phone:	
Tax ID:	
Location 3:	
Office name:	
Address line 1:	
Address line 2:	
City, State, Zip:	
Phone:	
Tax ID:	

*If additional locations need to be added, please attach separately.

Provider signature: _____ Date: _____

Please return this form by emailing connection.dentalweb@geha.com or fax to 816.257.4439.