Site Application

(Complete one application per site)

LIBERTY DENTAL PLAN

SITE INFORMATION

Please check below the site type this application applies to:

SITE TYPE ☐ **Hospital** ☐ **Mobile Unit** ☐ **School Based** ☐ **Skilled Nursing** ☐ **Surgical Center**
(Please select one)

SITE NAME: _____

SITE ADDRESS: _____
Street Address *Suite/Unit #*

_____
City *State* *Zip* *County*

TELEPHONE #: ( ) _____ **FAX #:** ( ) _____

INDIVIDUAL NPI #: _____ **ORGANIZATIONAL NPI #:** _____
(if applicable)

TAX PAYOR IDENTIFICATION (TIN): _____ **CONTACT NAME:** _____

ALTERNATE MAILING ADDRESS: *(if different from practice address)*
☐ PAYMENT REMITTANCE ☐ CORRESPONDENCE

_____
Street Address *Suite/Unit #*

_____
City *State* *ZIP Code*

LANGUAGES SPOKEN: _____

ASSOCIATES

DENTIST		**LICENSE**		**SPECIALTY**	
DENTIST		**LICENSE**		**SPECIALTY**	
DENTIST		**LICENSE**		**SPECIALTY**	
DENTIST		**LICENSE**		**SPECIALTY**	
DENTIST		**LICENSE**		**SPECIALTY**	
DENTIST		**LICENSE**		**SPECIALTY**	
DENTIST		**LICENSE**		**SPECIALTY**	

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