Dental Providers Change of Address Requirements by Provider Type

Provider Type	Doing-Business-As (DBA) Address		Legal Entity Address; Check Mailing Address		Billing Address	
Individual Provider Types	**New Provider ID/Service Location (PID/SL)**	**Required Action(s)**	**New Provider ID/Service Location (PID/SL)**	**Required Action(s)**	**New Provider ID/Service Location (PID/SL)**	**Required Action(s)**
PT-10 DENTIST	No	Submit a Provider Change of Address Form (CAD-DEN)	No	**Providers linked to a group practice or enrolled as ORP:** Submit a Provider CAD-DEN. Providers must list their home address as their legal address. **Billing providers only (private practice or not a group):** Submit a Provider CAD-DEN and MA Substitute W-9.	No	Submit a Provider CAD-DEN. Billing address must match DBA address if the NPI is linked to more than one PID/SL Non-Billing PID/SLs should list the appropriate billing address
PT-14 PUBLIC HEALTH DENTAL HYGIENIST	No	Submit a Provider Change of Address Form (CAD-DEN)	No	**Providers linked to a group practice:** Submit a Provider CAD-DEN. Providers must list their home address as their legal address. **Billing providers only (private practice or not a group):** Submit a Provider CAD-DEN and MA Substitute W-9.	No	Submit a Provider CAD-DEN. Billing address must match DBA address if the NPI is linked to more than one PID/SL Non-Billing PID/SLs should list the appropriate billing address
Entity Provider Types	**New Provider ID/Service Location (PID/SL)**	**Required Action(s)**	**New Provider ID/Service Location (PID/SL)**	**Required Action(s)**	**New Provider ID/Service Location (PID/SL)**	**Required Action(s)**
PT-11 DENTAL CLINIC	Yes	* **New Application** * Updated license or certification (if required) * Request an enrollment application	No	**Non-billing providers:** Submit a Provider Change of Address Form CAD-DEN **Billing providers:** Submit a Provider Change of Address Form CAD-DEN and MA W-9 Form	No	Submit a Provider CAD-DEN. Billing address must match DBA address if the NPI is linked to more than one PID/SL Non-Billing PID/SLs should list the appropriate billing address
PT-12 DENTAL SCHOOL CLINIC UNDERGRADUATE	Yes	* New Application * Updated license or certification (if required) * Request an enrollment application	No	**Non-billing providers:** Submit a Provider Change of Address Form CAD-DEN **Billing providers:** Submit a Provider Change of Address Form CAD-DEN and MA W-9 Form	No	Submit a Provider CAD-DEN. Billing address must match DBA address if the NPI is linked to more than one PID/SL Non-Billing PID/SLs should list the appropriate billing address
PT-13 DENTAL SCHOOL CLINIC GRADUATE	Yes	* New Application * Updated license or certification (if required) * Request an enrollment application	No	**Non-billing providers:** Submit a Provider Change of Address Form CAD-DEN **Billing providers:** Submit a Provider Change of Address Form CAD-DEN and MA W-9 Form	No	Submit a Provider CAD-DEN. Billing address must match DBA address if the NPI is linked to more than one PID/SL Non-Billing PID/SLs should list the appropriate billing address
PT-97 DENTAL GROUP PRACTICE	Yes	* New Application * Request an enrollment application	No	**Non-billing providers:** Submit a Provider Change of Address Form CAD-DEN **Billing providers:** Submit a Provider Change of Address Form CAD-DEN and MA W-9 Form	No	Submit a Provider CAD-DEN. Billing address must match DBA address if the NPI is linked to more than one PID/SL Non-Billing PID/SLs should list the appropriate billing address

Note: for any tax ID change, the provider must submit a new enrollment application package.

DENTAL PROVIDER CHANGE OF ADDRESS FORM

Please Note: Before completing this form, refer to massdhp.org for detailed instructions.

Each MassHealth provider must notify the MassHealth agency before or no later than the date of the change. Failure to do so constitutes a breach of the provider contract, which may be subject to fines or termination.

For any change in your legal-entity address or check-mailing address, you must submit an updated Request for Taxpayer Identification Number and Certification (Massachusetts Substitute W-9 form) if you receive payments at this provider ID/ service location (PID/SL). You can download this form from our website at www.mass.gov/masshealth.

Providers are reminded that provider numbers are not transferable. For certain providers, approval of the new site or a new application may be required when there is a change to the "doing business as" (DBA) address.

Fill in the following details. If any of the following addresses are left blank, the address will default to the one currently on file.

MassHealth provider ID/service location (PID/SL)	NPI		

(A) LEGAL ENTITY ADDRESS (PO BOXES ARE NOT ACCEPTABLE.)

You must include a Massachusetts Substitute W-9 form if you receive payments at this PID/SL.
Individual providers must list their home address in this section. For entities, you must list the address registered with the IRS for this federal employee identification number (FEIN).

MassHealth provider legal name			
Address: number/street			Building or suite
City	State	Zip	Effective date
Telephone	Fax	Email	

(B) "DOING BUSINESS AS" ADDRESS (PO BOXES ARE NOT ACCEPTABLE.)

Please refer to massdhp.org for detailed instructions.
Address same as in section ☐ A

MassHealth provider DBA name			
Address: number/street			Building or suite
City	State	Zip	Effective date
Telephone	Fax	TDD/ TTY (for people with partial or total hearing loss)	
Contact name		Email	

(C) BILLING ADDRESS

Address same as in section (Billing address must match DBA address if the NPI is linked to more than one PID/SL.) ☐ A ☐ B

MassHealth provider name				

Address: number/street			Building or suite	
City	State	Zip	Effective date	
Telephone	Fax		TDD/ TTY (for people with partial or total hearing loss)	
Contact name			Email	

(D) CHECK-MAILING ADDRESS (SAME AS REMITTANCE ADDRESS ON W-9) (THIS SECTION IS FOR BILLING PROVIDERS ONLY.)

You must include a Massachusetts Substitute W-9 form.

Note: MassHealth requires all providers to receive payment via EFT. The check-mailing address will be used only until electronic funds transfer (EFT) is established. MassHealth will also use that address to send notifications.

Address same as in section ☐ A ☐ B ☐ C

Address: number/street			Building or suite	
City	State	Zip	Effective date	
Telephone	Fax		TDD/ TTY (for people with partial or total hearing loss)	
Contact name			Emai	

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

_____   _____
Printed name of provider   Signature

_____
Printed legal name of individual signing (if the provider is a legal entity)

_____   _____   _____
Date   Contact email   Contact tel.

The form can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.

> Return your completed form to MassHealth.
>
> **Mail:** **DentaQuest at MassHealth Dental Program**
> **Attn: Provider Enrollment and Credentialing**
> **PO Box 2906**
> **Milwaukee, WI 53201-2906**
>
> **Email:** **MassHealthEnrollment&Credentialing@dentaquest.com**