



Provider Addition to Existing Provider Service Agreement

Dear Practice:

When adding an additional provider, who is already credentialed with MassHealth, to an existing practice, please complete this form and return to DentaQuest. You can email it to MassHealthEnrollment&Credentialing@dentaquest.com - MassHealth Provider Update.

Thank you.

Date: _____

State: _____

New Provider Name:

Provider NPI Number:

Existing Business Name (as shown on W-9):

Existing Business Tax ID (as shown on W-9):

Service Office Address: (for multiple addresses please attach a list of locations)

Print Name (Owner):

Signature:

Date:

For DentaQuest:

Please add the above-mentioned provider to the existing contract (as seen above) with Tax ID (listed above).