

CENTENE DENTAL SERVICES

Provider Data Request

This form is for provider groups who are directly contracted with Envolve Dental, DBA Centene Dental Services (CDS). If you are contracted with United Concordia please reach out to them for support. Any new Tax IDs will need a new application found on our website.

Instructions: Please check a box below and provide an effective date or termination date.

- | | |
|---|-----------------------|
| <input type="checkbox"/> Add a Credentialed Provider to a Location- Complete Current/Additional Location Info | Effective Date: _____ |
| <input type="checkbox"/> Add a New Location to a Contracted TIN- Complete Additional Location Info | Effective Date: _____ |
| <input type="checkbox"/> Update a Current Location- Complete Previous Location and Current/Additional Location Info | Effective Date: _____ |
| <input type="checkbox"/> Terminate a Provider from a Contracted TIN- Complete Provider and Previous Location Info | Term Date: _____ |
| <input type="checkbox"/> Terminate a Location from a Contracted TIN- Complete Previous Location Info | Term Date: _____ |

Provider Information: (If Applicable)

Provider Name: _____
Provider NPI Number: _____
Language(s) Spoken: Primary: _____ Secondary: _____
American Sign Language (ASL) Other(s): _____

Current/Additional Location Information:

Location/Practice Name: _____
Location NPI: _____
Address: _____
Telephone: _____ Fax: _____
Email Address: _____
Office Hours: (If Applicable)
Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____
Saturday: _____ Sunday: _____

Payee Information: Group Individual

Payee Name: _____
Tax ID: _____
Address: _____

Previous Location Information:

Location/Practice Name: _____
Location NPI: _____
Address: _____
Payee Information: Group Individual
Payee Name: _____
Tax ID: _____
Address: _____

Office Staff Signature: _____ Date: _____

