

Dental Provider Specialty Change Form

(This form is used to change the Specialty of currently enrolled dental providers. In addition to the checklist below, please submit the certificate from your governing board that supports the specialty checked below.)

Provider Number (7 digits)									
National Provider Identifier (NPI) (10 digits)									

Provider Name: _____

Specialty: Please check the specialty you want on your file		
	19	Orthodontics
	66	General Dentistry
	67	Oral and Maxillofacial Surgery
	68	Pediatric Dentistry
	6N	Endodontics
	6P	Periodontics

Print Name of Individual Provider

Original Signature of Individual Provider

Date

Original signature only – blue ink only

Mail completed Forms To: Gainwell Provider Enrollment Unit, PO Box 80159, Baton Rouge, LA 70898-0159