

## Trading Partner Provider Update Form

*If all fields are not complete, or we do not find EXACT matches in our system, the form will be returned.*

Trading Partner Contact Name:	_____
Trading Partner Contact Telephone Number:	_____
Trading Partner Number:	_____
Trading Partner Company Name:	_____

Office Contact Name:	_____	<b>Add</b>	<b>Remove</b>
Office Name:	_____	<input type="checkbox"/>	or <input type="checkbox"/>
Office Address:	_____		
Office Phone:	_____	Fax Number:	_____
UCCI Provider Number:	_____		
NPI Number(s):	_____	TIN Number:	_____

Office Contact:	_____	<b>Add</b>	<b>Remove</b>
Office Name:	_____	<input type="checkbox"/>	or <input type="checkbox"/>
Office Address:	_____		
Office Phone:	_____	Fax Number:	_____
UCCI Provider Number:	_____		
NPI Number(s):	_____	TIN Number:	_____

Office Contact:	_____	<b>Add</b>	<b>Remove</b>
Office Name:	_____	<input type="checkbox"/>	or <input type="checkbox"/>
Office Address:	_____		
Office Phone:	_____	Fax Number:	_____
UCCI Provider Number:	_____		
NPI Number(s):	_____	TIN Number:	_____

**A Note on Turnaround Times:** If all required information is complete, within 3-5 business days you will receive notice of the dental office setups as you do today through email.