

DDS

inc.

Dental Plans

265 Post Avenue, Ste. 340

Westbury, NY 11590

(516) 794-7700

Fax (516) 794-7762

CHANGE OF ADDRESS

CURRENT ADDRESS

TAX ID #: _____

Provider #: _____

=====

ADDRESS CHANGE TO:

EFFECTIVE: _____

PHONE # CHANGE (IF ANY): _____

I hereby authorize DDS, Inc. to make the necessary changes to office location.

Print Name of Doctor

Signature of Doctor

Actual Effective date of change
