

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 MM/DD/YYYY

Original signature only – blue ink only

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