



DELTA DENTAL OF MINNESOTA

Change Form – Billing Reports Online Users

Please enter your information below and e-mail to Billing@deltadentalmn.org or mail to Delta Dental of Minnesota, Attn: Billing Department, 3560 Delta Dental Drive, Eagan, Minnesota, 55122-3166.

- You will be notified by e-mail when your change information has been updated.

COMPANY INFORMATION	
<p>#1) Main Company Contact Name (Please Print) _____</p> <p>Main Contact Phone Number _____-_____-_____</p> <p>Main Contact Address _____ _____ _____</p>	<p>#2) Account/Group Number _____</p> <p>#3) Date of request: _____</p> <p>_____ Authorized Signature</p> <p>Note: Person in your organization with proper authority to request billing information must sign this change request.</p>
USER INFORMATION (check boxes and enter change information below as needed)	
<p>Change Username <input type="checkbox"/> Current user's name and Job Title (person using the secured portion of the site): _____ _____</p> <p>Change user phone number <input type="checkbox"/> Current user phone number: _____-_____-_____</p> <p>Change user e-mail <input type="checkbox"/> Current user e-mail _____</p> <p>Change username <input type="checkbox"/> Current username _____</p>	<p>New user's name and Job Title (person using the secured portion of the site): _____ _____</p> <p>New user phone number: _____-_____-_____</p> <p>New user e-mail _____</p> <p>New username _____</p>
<p>Change subgroup numbers <input type="checkbox"/> New Subgroup Numbers (If you have questions on completing this section, please call the Billing Department at 651-406-5902 or 1-800-906-4702.) _____ _____ _____</p>	<p>New Subgroup Numbers (If you have questions on completing this section, please call the Billing Department at 651-406-5902 or 1-800-906-4702.) _____ _____ _____</p>
To be completed by Delta Dental	
<p>Authorized: Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete Form <input type="checkbox"/></p>	<p>Reviewed/Authorized By: _____</p>