



PRACTICE PROFILE

OFFICE LOCATION INFORMATION			
Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Office Contact/Manager Name:	
Website:	Office Contact/Manager Email:	Practice Management Software System:	
E-Claim Vendor:	EIN # (TIN):	Corporate/Practice NPI:	

OWNER DENTIST INFORMATION	
Owner Dentist Name:	Degree:
Email:	Individual NPI:
Type: (Please check) <input type="checkbox"/> General <input type="checkbox"/> Endo. <input type="checkbox"/> Oral. <input type="checkbox"/> Ortho. <input type="checkbox"/> Pedo. <input type="checkbox"/> Perio. <input type="checkbox"/> Prosth.	

ASSOCIATE DENTIST INFORMATION			
Associate Dentist Name:	Degree:	Individual NPI:	Type: (Please check)
1.	<input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> MD		<input type="checkbox"/> General <input type="checkbox"/> Ortho. <input type="checkbox"/> Endo. <input type="checkbox"/> Pedo. <input type="checkbox"/> Oral. <input type="checkbox"/> Perio. <input type="checkbox"/> Prosth.
2.	<input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> MD		<input type="checkbox"/> General <input type="checkbox"/> Ortho. <input type="checkbox"/> Endo. <input type="checkbox"/> Pedo. <input type="checkbox"/> Oral. <input type="checkbox"/> Perio. <input type="checkbox"/> Prosth.
3.	<input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> MD		<input type="checkbox"/> General <input type="checkbox"/> Ortho. <input type="checkbox"/> Endo. <input type="checkbox"/> Pedo. <input type="checkbox"/> Oral. <input type="checkbox"/> Perio. <input type="checkbox"/> Prosth.
4.	<input type="checkbox"/> DDS <input type="checkbox"/> DMD <input type="checkbox"/> MD		<input type="checkbox"/> General <input type="checkbox"/> Ortho. <input type="checkbox"/> Endo. <input type="checkbox"/> Pedo. <input type="checkbox"/> Oral. <input type="checkbox"/> Perio. <input type="checkbox"/> Prosth.

Note: If more than one owner/dentist at location, complete separate Practice Profile for each.

OFFICE LOCATION**OFFICE HOURS**

DAY	OPEN	CLOSE	REOPEN	CLOSE
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

PAYMENT

Address to where you would like your checks sent (if different from office address)