



Rayant Insurance Company of New York
 Rayant Insurance Company of Pennsylvania
 Horizon Companies

Send Correspondence to:
 Rayant - Dental Programs
 3 Penn Plaza East PP-04Q
 Newark, NJ 07105-2200
 www.rayant.com
 OR FAX TO: 973-466-8505

Provider Change Form

(Note: Form must be signed below by dentist only)

Dentist's Name: _____ Social Security #: _____

Taxpayer ID #: _____ Specialty: _____ License#: _____

National Provider Identifier (NPI): _____

Group Name (if applicable): _____

Rayant Dental Plans that you participate in: Traditional PPO

Please Indicate Changes Below:

Must include copy of W-9 form for tax payer ID and Name Changes
Forms not signed by Dentist will not be processed and will be returned

Name Change

From: _____ to: _____ Effective: _____

Address Change

From: _____ to: _____ Effective: _____

Tax Payer I.D. # Change

From: _____ to: _____ Effective: _____

Additional Office Location

This additional office will participate in the same Rayant Dental Programs that your primary office participates in unless we hear from you to the contrary in writing.

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Effective Date: _____

Do You File Electronic Claims? Yes No

If yes, and you are changing your TIN, please correct in your system to avoid your claims printing to paper and ensure proper claims processing. Your Clearinghouse: Emdeon Other

Additional Comments: _____

Set up Corporation Information to send checks to:

Corporation/Group Name: _____ Taxpayer ID# _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Effective Date: _____

Check here if you would like confirmation that your change was completed and provide your fax number: () _____

Dentist's Signature: _____ **Date:** _____

Forms not signed by dentist will be returned

Dentist's Name (please print): _____

For Rayant ONLY Provider's file update on: _____ By: _____
