DELTA DENTAL®

CEREC Machine Registration Form

Does your practice have a CEREC Machine?
Let Delta Dental of Virginia know so that we can quickly identify claims for CEREC restorations and speed them through our claims system. To qualify, please include the serial number for each unit. Not registering your machine with us will lead to pended claims and slower payment.

Please complete and sign the form below, then fax or return it to the fax number/address listed below.

Dentist Name			License Number Tax ID Number		
Correspondence Address			Physical Address		
City	State	ZIP	City	State	ZIP
Business Phone ( )	Fax Number ( )		Email Address		
My practice has a CEREC Machine _____ Yes _____ No			My practice has more than one location _____ Yes _____ No		
List locations with CEREC machines, including the serial number of each location's machine					
My practice uses the following Practice Management System and Version					
I confirm that I have the above stated machinery _____ Dentist Signature			_____ Date		

Please mail or fax completed form to:
Delta Dental of Virginia
ATTN: Provider Relations
4818 Starkey Road
Roanoke, VA 24018-8542
800.367.3531 ext. 3186
Fax 540.774.7797