



Dentist ID: \_\_\_\_\_  
Practice ID: \_\_\_\_\_  
(For Guardian Use Only)

## Guardian ☐ PPO and ☐ DHMO In Network Change Form

THIS FORM ONLY TO BE USED FOR UPDATES TO IN NETWORK OFFICES FOR PPO AND DHMO STATES (EXCEPT CA)

### CHANGE INFORMATION – PLEASE COMPLETE APPROPRIATE SECTION(S):

#### TYPE OF CHANGE NEEDED

- ☒ Add Location \* ☐ Address Change ☐ Name Change ☐ Remove Location  
☐ Change of Ownership \* ☐ Specialty Change \*\* ☐ TIN Change ☐ Change in Billing/Payment Address

\* This form is not applicable for CA DHMO \*\* Specialty Certificate required

#### PROVIDER INFORMATION

Provider Name: Michael Bundy			Submission Date: 05/09/2024
Provider Specialty: General Dentist	Provider NPI#: 1225256944	Provider SS#: 282-78-5439	Provider License#: 22DI02276100
New Owner Name:		Current TIN:	

#### CHANGE IN TAX IDENTIFICATION NUMBER (TIN) Currently contracted providers will be transferred to new information unless otherwise noted.

Current TIN:	New TIN:	Effective Date:
Legal Business Name (must match line one on W-9):		
Business Name/DBA (must match line two on W-9):		
Payment Address:		

#### CHANGE/ADD PHYSICAL ADDRESS Location will be considered as in network unless otherwise noted. Please attach separate sheet of paper for any additional locations, if applicable.

<input checked="" type="checkbox"/> Add Location	<input type="checkbox"/> Change of Address	Effective date of change: 05/01/2024
Legal Business Name (must match line one on W-9): Cherry Hill LV Dental LLC		
Business Name/DBA (must match line two on W-9): Lakeview Dental Care of Cherry Hill		
New Address: 101 Marlton Pike East		
City: Cherry Hill	State: NJ	Zip: 08034
Phone #: 856-424-3335	Fax #:	Email:
Billing/Payment/Correspondence Address: <input checked="" type="checkbox"/> Same as above <input type="checkbox"/> Other		

Accepting New Patients <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Handicap Accessible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you ensure compliance with OSHA requirements and proper infection control and barrier techniques? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Languages:
			Credit Cards:
Office Hours	Sunday N/A	Monday 9:00-5:00	Tuesday 9:00-5:00
		Wednesday 9:00-5:00	Thursday 9:00-5:00
		Friday 9:00-5:00	Saturday N/A

#### SPECIAL INSTRUCTIONS:

#### REMOVE LOCATION Location will be removed from in network unless otherwise noted. Please attach separate sheet of paper for any additional locations, if applicable.

Reason for removal:		
Address:		
City:	State:	Zip:

#### SUBMITTED BY

Name/Title (Required): Brandalynne Flemming	Date: 05/09/2024
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☒ I am authorized to add / delete locations for all dentists in the practice. Attached is a list of all dentists for the changes listed above.

**A current W-9 is required for ALL Changes.**

Please send information directly to our Network Services Department.

Email PPO and DHMO Changes to [PPO\\_RC\\_Dental@glic.com](mailto:PPO_RC_Dental@glic.com) or Fax to (509) 468-6550

or Mail to The Guardian Life Insurance Company of America PO BOX 981574 El Paso, TX 79998-1574