



Provider Contact and Information Packet

PROVIDER CHECK LIST

Easy to Enroll:

1. Complete the enclosed paperwork
2. Review the Checklist of Items needed
3. Submit via fax or email:

◆ Fax: 209-478-5614

◆ Email: thedentalppa@gmail.com

Original

- | | |
|---|---|
| <input type="checkbox"/> Signed Dentist Agreement (We need the doctor to sign and return the back page) | <input type="checkbox"/> Signed Provider Fee Schedule (We need final page signed by all providers and returned) |
| <input type="checkbox"/> Practice and Facility Form (One per office) | <input type="checkbox"/> Completed W9 form |
| <input type="checkbox"/> Provider Application (One per doctor, make copies if needed) | |

Copies of your (and your Associates')

- Wallet-size Dental License
- DEA License
- Malpractice Insurance declarations page

