



# Diversified Dental Services, Inc.

## Credentialing Checklist

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Practice Name

Date Submitted

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Staff Member Responsible for Credentialing (Who do we contact with questions)

Contact Phone Number

***TO BE CREDENTIALLED AS A PROVIDER, ALL OF THE FOLLOWING DOCUMENTS MUST BE RECEIVED:***

(If completed and received by the 15<sup>th</sup> of any month the provider could be effective the first of the following month)

- Completed **Credentialing Information Form**
  - Form must be completed for **ALL** dentists at **ALL** location(s)
- Completed **Uniform Credentialing Application**
- Signed **Dental Provider Agreement** (Provider Contract, TIN Owners)
  - Doctor who own corporate practice TIN
  - All doctors practicing in the office using TIN/SS# other than the owning doctors TIN
- Signed **Associate Provider Agreement Compliance Form** (Employees of owning doctors TIN)
  - Must be signed by all associate doctors working under corporate TIN
- Copy of your assigned **Individual National Provider Identification** (NPI, Type 1)
  - According to the National Provider Identifier Regulation, health care providers are required to obtain a National Provider Identifier (**NPI**) by May 23, 2007
  - Go to <https://nppes.cms.hhs.gov> to apply
- Copy of your **Corporate/Practice National Provider Identification** (NPI, Type 2)
  - If your practice is a corporation and not a sole proprietor you are required to obtain a corporate NPI as well as an Individual NPI
- Copy of **EIN (TIN) Verification from the Internal Revenue Service**
  - Examples:
    - Federal Tax Deposit Coupon (Form 8190)
    - Employer Quarterly Federal Tax Return (Form 941)
    - SS-4 Assignment Letter of EIN (TIN) from the IRS
      - To obtain information about these documents, call (800) 829-4933
  - We **must** receive the EIN/TIN Verification per doctor, per office location
- Copy of the liability limits page from your **Professional Liability (Malpractice) Policy**
- Copy of your **Dental License or Specialty License**
  - **If credentialing as a specialist** and your state board does not issue a specialty license separate of your general license, please include a certified copy of the letter of document indicating completion of an accredited specialty program.
- Copy of your *State Issued* **Pharmacy License** (where applicable)
- Copy of your *State Specific* **DEA License**
  - If you plan to practice in multiple states, you **must** have a DEA registration in each state

If you have questions, please call us at: (775) 337-1180 or (866) 270-8326

**Please mail or fax your completed application to:**

Diversified Dental Service, Inc.

*Attn: Credentialing Department*

639 Isbell Road, Ste 210

Reno, NV 89509-4988

Fax: (877) 243-3797

**Thank you for your application!**

Visit us on the web at [www.diversifieddental.com](http://www.diversifieddental.com)