



Diversified Dental Services, Inc.

Credentialing Checklist

Practice Name

Date Submitted

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 15th 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