



Diversified Dental Services, Inc.

Re-credentialing Checklist

So, that we may process your re-credentialing paperwork, please provide the following information:

- _____ Completed DDS Information Form
- _____ Completed Uniform Application for Re-credentialing
(PLEASE SIGN Page 11 AND 12-NV Applications)
(PLEASE SIGN Page 6 and 7-All other States)

IF YOU PRACTICE AT MORE THAN ONE LOCATION, please photo copy page 1 of the Uniform Application for Reappointment and complete the PRACTICE INFORMATION section for each location where you practice. This will insure that you are re-credentialed at all your practicing locations.

- _____ Copy of your DEA License
- _____ Copy of your State Dental license
- _____ Copy of your Nevada State Pharmacy License – if applicable
- _____ Copy of the liability limits page from your **Professional Liability (Malpractice)**
If you carry more than one malpractice policy for different practice locations, please provide a copy for each location.

Please mail or fax your updated re-credentialing to:
Diversified Dental Services, Inc.
Attn: Re-Credentialing Department
3430 E Sunrise Dr, Suite 160
Tucson, AZ 85718
Fax: (877)243-3816

You may also email the requested information to: DDScredentialing@ddsppo.com.

If the above requested documents are not completed and received by our office by the due date listed above this will delay the re-credentialing process.

If you have questions regarding this communication, please feel free to contact us at (800) 822-9772 or (520) 407-2574. You may also email us at DDScredentialing@ddsppo.com.

Thank you for your prompt response.

Sincerely,

Diversified Dental Services, Inc. Staff