



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
 - Additional Location Addendum for EACH location(s)
- ___ Completed Uniform Application for Re-credentialing
 - *Nevada Applications---PLEASE SIGN Pages 11 and 12*
 - *Other State Applications---PLEASE SIGN Pages 6 and 7*
- ___ 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