

# Delta Dental Legion Network

## Application Check List

---

- Is the **Agreement** signed and dated?
- Is the **Application** complete with no blanks, signed and dated?
- Have you attached the following documents?
  - Copy of the IRS confirmation letter
    - The Business Name and TIN on the application must match the IRS confirmation letter. A copy of the letter can be requested directly from the IRS by calling 1-800-829-0115.
  - Copy of your current Professional Liability Insurance (PLI) Declarations cover page
    - The following information is required:
      - Carrier Name,
      - Policy Number,
      - Dentist Name,
      - Effective dates (from and to), and
      - Coverage Amounts
  - For any questions “checked” on the Attestation section of the application, please include a detailed response as follows:
    - Response should be on a separate sheet of paper,
    - Each response should be numbered to correspond to the question from the Attestation, and
    - Each response should include the date(s), details and/or history and final action.

*Please ensure the Dentist's full name with state and license number is on each separate page.*

Please submit all of the above documents to:

**Delta Dental of California  
Federal Government Programs  
Professional Services, M/S D21  
PO Box 537008  
Sacramento, CA 95853-7008**

Should you have any questions regarding the application, please contact our Credentialing Specialist, Barbara Semak, at 916-861-2729.

Thank you for your interest in the Delta Dental Legion Network