DELTA DENTAL®

Delta Dental Legion Network Application & Attestation

I. Treating Dentist Credentialing Information

Treating Dentist Name: _____ ___ _____ DDS DMD
(First) (MI) (Last) (circle one)

Dental License: State: _____ **License Number**: _____ **Exp. Date**: ___/ ___ /___
MM DD YY

Date of Birth: ____/____/____**Gender**: Male ____ Female ____ **SSN**: _____-_____-_____
MM DD YY

***Individual* National Provider Identifier (NPI-1)**: _____ *(10 digits required)*

General Dentist _____ **Specialist** _____ **If Specialist**: ***Board Certified?*** (check one) No ☐ Yes ☐

Dental School: _____ **State or Country**: _____ **Date Graduated**: ____/ ____
MM YY

Professional Liability Insurance (Malpractice) Carrier: _____

Policy Number: _____ **Expiration Date**: _____/_____/_____ **Coverage Limits**: _____
(Current Copy of the Declarations page of current coverage is required)

DEA Certificate Number: _____ Exp. Date: _____/_____/_____

ATTESTATION: Indicate "Yes" or "No" to all of the following questions; if you have indicated "Yes" please provide a detailed description of each question on a separate sheet and attach to this application.

Yes	No		
☐	☐	1.	Have you ever had any State issued dental license revoked, suspended or canceled?
☐	☐	2.	Have you had any adverse peer review actions, or been reported to the National Practitioner Data Bank or Healthcare Integrity & Protection Data Bank (NPDB/HIPDB)?
☐	☐	3.	Do you currently have a federal sanction (DHS-OIG)?
☐	☐	4.	Has your professional liability (malpractice) insurance ever been denied, canceled or not renewed?
☐	☐	5.	Have you been or are you currently a defendant in any malpractice action?
☐	☐	6.	Has your DEA license ever been limited, placed on probation, suspended, or revoked?
☐	☐	7.	Have you ever been convicted of a crime other than a minor traffic violation
☐	☐	8.	Are you currently under investigation or indictment for an alleged criminal action(s)?
☐	☐	9.	Do you now have, or within the last five (5) years had, any physical condition, mental condition, substance or chemical dependency that does or has interfered with your ability to practice dentistry with or without accommodation?

I attest that the information provided on this application, including all attached documents, is complete and accurate. I agree to notify Delta Dental of California Federal Government Programs within fifteen (15) days of any changes to the information contained in this application. I further agree that any intentional submission of false or misleading information or the intentional omission of relevant information is grounds for immediate termination of the dentist's participation under the **Delta Dental Legion Participating Network Dentist Agreement.**

Dentist Signature: _____ Date: _____

ALL information must be complete or marked "n/a". ***Incomplete applications will be returned or denied.***

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II. Service Location Information (*address to be listed on Dentist Directory*)

Street Address (no PO Box): _____

City: _____ **State**: _____ **Zip Code**: _____

Telephone: (_____) _____-_____ **FAX**: (_____) _____-_____

Dental Office e-mail address: _____ **Contact Name**: _____

Hours: *Standard (9-5)* ___ *Early (before 8am)* ___ *Late (after 6pm)* ___ *Extended (weekend)* ___

Does the office meet all Federal and state OHSA requirements? Yes ____ No ____

Does the office meet all ADA/CDC recommended infection control guidelines? Yes ___ No ___

Languages spoken in Dental Office: _____

III. Payment Address Information *(If different than the above listed Service Office address)*

Address: _____

City: _____State: _____ ZIP Code: _____

Telephone: (_____) _____ **FAX**: (_____) _____

IV. Billing Information

Billing Dental Group Name (DBA): _____

Tax ID (TIN): _____ *or* **Employer ID (EIN)**: _____

(Copy of the IRS confirmation letter is requested; a copy can be obtained by contacting the IRS @ 800-829-0115)

***Organizational* National Provider Identifier** (**NPI-2**): _____ *(10 digits required)*

Dentist License State/Number: _____ **Last Name**: _____

ALL information must be complete or marked "n/a". ***Incomplete applications will be returned or denied.***