



Delta Dental Legion Network Application & Agreement Checklist

Attached is the Delta Dental Legion Network Participating Agreement and Application. Please follow the guidelines below for completion of both the application and agreement. There are specific documents also required for the completion of credentialing; these are noted on page two of this document.

Application /Attestation (two pages)

- Page one is specific to the **Individual Dentist** that is applying for participation as a Delta Dental Legion Network Dentist. Page two is specific to the **Service Office location and Business** information the individual dentist is to be associated.
- All fields on both pages need to be completed in full or marked with an “n/a” if not applicable. ***Applications with any blanks will be returned for completion.***
- The first page must be signed and dated by the dentist applying for participation. ***Applications without a signature will be returned for completion.***
- For the **Attestation** on page one, check the box in either the “Yes” or “No” column. For any question marked “Yes”, you are required to provide a detailed description to include the date(s), details/history and final action. This should be on a separate sheet; please indicate the dentist name, state and license number on each sheet. ***Applications with any question indicated with a “Yes” that are missing a detailed description will be returned for completion.***
- Your Social Security Number (SSN) is required. SSN is required for the following purposes:
 - (a) To verify information provided by you in your application; and
 - (b) To verify licensure with another state’s licensing authority; and/or
 - (c) To conduct criminal record checks; and/or
 - (d) For identification purposes in national disciplinary databases.

Discovery of any of the above may result in denial of your application. **If you fail or refuse to provide your Social Security Number we will consider your application incomplete and return to you.**

Agreement (three pages)

- Please read the entire Agreement. There can be no “mark-outs” or “additions” written on the agreement; ***agreements with any markings will be returned with new agreement.***
- The agreement requires the signature of the Dentist applying for participation as a Delta Dental Legion Network Dentist; ***agreements without a signature will be returned.***

Required Credentialing Documents

The following documents are required to complete the credentialing process. These should be attached to the Application with the Agreement when submitting; ***applications submitted without all required credentialing documents will be returned.***

- Current Copy (within 90-days of expiration) of the Dentist's Professional Liability Insurance Declarations cover page, that includes the following:
 - Carrier's Name
 - Policy Number
 - Dentist Name
 - Effective dates (from and to)
 - Coverage Amounts (minimum is \$1million/\$3million)
- Current Copy (within 90-days of expiration) of DEA/CDS Certificate, if applicable
- Copy of IRS Confirmation Letter of Business Name and Tax Identification Number (TIN) or Employer Identification Number (EIN). The Business name and TIN/EIN on the application must match what is on the IRS Confirmation letter. *A copy of the letter can be requested directly from the IRS (800-829-0115) or from your accountant/CPA.*
- Copy of Specialty Certification

Please submit all of the documents using one of the following methods:

Email: FSPS@delta.org

Fax: (916) 858-4810

Mail: Delta Dental of California - Federal Government Programs
Professional Services
PO Box 537008
Sacramento, CA 95853-7008

Any questions regarding the application, please send an email to our department email box – FSPS@delta.org.

Thank you for your interest in the Delta Dental Legion Network
We look forward to our partnership with you as a Legion Network Dentist

For Delta Dental Use: