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
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