# The details.



# **Credentialing Checklist**

Whether you are applying to become a participating provider with The Dental Care Plus Group (DCPG) for the first time, or completing the re-credentialing process required of every network dentist, this checklist will help you keep track of all required documentation.

## Provider application:

Required sections of the application include pages 1 through 17; page 18 must be signed and dated. Also required:

- Page 2 provide all dental license numbers assigned for all states even those that are inactive
- Page 5 if you are a specialty dentist, provide copies of specialist training certificates and/or board certification
- Page 8 please fill in **all** fields under the Open Practice Status section
- Page 12 please note any hospital affiliations

If you need a copy of the application or any other paperwork, visit DentalCarePlus.com/Providers then click on "Provider Resource Center" in the left column.

#### Additional documentation:

- Participating Dentist Agreement
- Copy of professional liability insurance face sheet
- Copy of your DEA certificate (if applicable)
- Completed W-9 tax form

### Submit all required paperwork by mail, fax or email to:

The Dental Care Plus Group Attn: Provider Relations 100 Crowne Point Place Cincinnati, OH 45241 Fax: (513) 618-3881

Email: providerrelations@dentalcareplus.com

#### Helpful tips

- If you complete a paper copy of the provider application, remember to make a copy for your records. The next time you go through a credentialing process with DCPG (or any other carrier), you will have the completed form prepared to submit or to use as reference if some information has changed.
- When completing the W-9 tax form, make sure the information is accurate and the W-9 forms you complete for various carriers are consistent with one another as well as with the information you submit to the Internal Revenue Service (IRS). Inaccurate and inconsistent W-9s cause confusion for all parties involved and invite unwelcome IRS attention.
- When filling out your name on the provider application, please list it exactly as it appears on your state dental license.
- Please note that a separate provider application and agreement is required for each dentist applying to be in the DCPG network, even if the dentist applying shares an office with another dentist currently in the network.

For additional information, contact DCPG's provider relations department at provider relations@dentalcareplus.com, (800) 367-9466 or visit DentalCarePlus.com.

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