



The Dental PPA . . . *A Better Way*

A Better Alternative to Managed Dental Care!

Enrollment Checklist

Please review the following checklist and make sure your Dental Provider Application and Provider Agreement Form are complete, including any additional information that is required before mailing.

√ Checklist for Mailing

- _____ Completed Confidential Dental Provider Agreement
- _____ Completed Confidential Dental Provider Application
- _____ Copy of Current California Dental License (*showing expiration date*)
- _____ Copy of Proof of Malpractice Insurance Coverage (*showing coverage limits*)
- _____ W-9 Form
- _____ Copy of Current Lowest Accepted Filed Fee Schedule (*submit to ASI, see below*)
- _____ Application/Processing Fee: \$150.00 dollars payable to:

The DENTAL PRIVATE PRACTICE ASSOCIATION

Please submit Application Documents listed above and Lowest Accepted Fee Schedule to:
Administration Solutions Inc. (ASI) Atten: Christina Chavez by email:

cchavez@asibenefits.com

Subject- The Dental PPA

Or Fax- 559-475-5780

Re: The Dental PPA

Atten: Christina Chavez

Please send \$150.00 Processing Fee to:

The Dental PPA
PMB # 261
4719 Quail Lakes Dr Suite G
Stockton, CA 95207
866-241-6646 Phone/Fax

IMPORTANT: All fee schedules are considered confidential and will not be seen by any PPA member dentist or member of the PPA's Board of Directors. They will be entered into a database by the PPA's consultant; then downloaded into an independent third-party claims administrator's system.

Christina Chaves
Administrative Solutions, Inc.
PO Box 5809
Fresno CA 93755
P:559-256-1320