



## PROVIDER CHECK LIST

### Easy to Enroll:

1. Complete the Enclosed Paperwork
2. Review Checklist of Eight Items Needed
3. Submit via email:

◆ Email: [thedentalppa002@gmail.com](mailto:thedentalppa002@gmail.com)

### Submit Original :

- |   |  |
|---|--|
| <input type="checkbox"/> Signed Application Form<br>(One per doctor, make copies if needed) | <input type="checkbox"/> Provider Fee Schedule (Please send an 80 <sup>th</sup> percentile fee schedule in Excel format) |
| <input type="checkbox"/> Completed W9 Form  | <input type="checkbox"/> \$50.00 New Provider Processing Fee   |
| <input type="checkbox"/> Signed Agreement   |  |

### Copies of your:

- Wallet- size Dental License
- DEA License
- Malpractice Insurance declarations page

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Please send your \$50.00 processing fee to:

The Dental PPA  
4719 Quail Lakes Dr. Suite G #261  
Stockton, CA 95207

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