



PROVIDER CHECK LIST

Easy to Enroll:

1. Complete the enclosed paperwork
2. Review the Checklist of Items needed
3. Submit via fax or email:
 - ◆ Fax: 866-241-6646
 - ◆ Email: thedentalppa@gmail.com

Original

- | | |
|---|--|
| <input type="checkbox"/> Signed Dentist Agreement (We need the doctor to sign and return the back page) | <input type="checkbox"/> Provider Fee Schedule (Please send your lowest accepted fee schedule) |
| <input type="checkbox"/> Provider Application (One per doctor, make copies if needed) | <input type="checkbox"/> \$50.00 New Provider Processing Fee
Please mail to: The Dental PPA
4719 Quail Lakes Dr. Ste G
PMB #261
Stockton, CA 95207 |
| <input type="checkbox"/> Completed W9 Form | |

Copies of your (and your Associates')

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

