



Simple Steps to Join LIBERTY Dental Plan's Network of Providers

Owner – Per Facility/Location

(All Facility/Location documents signed by Owner/CEO, CFO, VP, or Dental Director)

- Facility Application Per Location
(One set of documents per location)
- Provider Agreement
(Must be signed by authorized signatory – Owner, CEO, VP, etc.)
- Medicaid and/or Medicare Addenda
(Must be signed by authorized signatory if applicable)
- Fee Schedule Addenda
(Must be signed by authorized signatory)
- W-9
(Must use the address registered with the IRS as your corporate billing address for multiple locations with the same tax ID #. Must be signed by authorized signatory.)
- Electronic Fund Transfer Form
(If applicable)

Owner & Associates

- Provider Credentialing and RDH Applications
(One credentialing application must be completed and signed for each Dentist/RDH rendering services.)
- Current Dental license
- Current Federal DEA certificate or waiver
- Current malpractice insurance certificate declaration page showing professional liability
- Copy of Specialty Certificate
(If applicable)
- Copy of internship/residency/ fellowship certificate
(If applicable)
- Copy of Board Certification
(If applicable)

Services rendered prior to the receipt of the Welcome Letter reflecting an Effective Date will be denied.

The items listed above are required and must accompany this application. Failure to do so may delay the processing of your application. Please email the completed application to prnational@libertydentalplan.com or mail to:

LIBERTY Dental Plan
PO Box 15149
Tampa, FL 33684

If you have any questions regarding the contracting process, please contact Professional Relations at (888) 352-7924.