DENTIST CREDENTIALING APPLICATION

(Complete one credentialing application per licensed Dentist)

Provider Information

PROVIDER NAME: _____
Last *First* *Middle Initial*

ADDRESS: _____ **PHONE #:** _____

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

PROVIDER NPI #: _____ **GENDER:** ❑ **Female** ❑ **Male**

PROVIDER TAX ID #: _____ **LANGUAGES SPOKEN:** _____

STATE BILLING #: _____ **STATE RENDERING #:** _____

MEDICAID PROVIDER? ❑ **Yes** ❑ **No** *(If Yes, ALL NPI #'s must be registered with the appropriate state agency.)*

Education

US Dental School Attended: _____ **Year Graduated:** _____

Specialty School Attended: _____ **Year Graduated:** _____

❑ **GENERAL** ❑ **SPECIALIST (specify):** _____ **BOARD CERTIFIED?** ❑ **YES** ❑ **NO**

Licensure

DENTAL LICENSE #: _____ **EXPIRATION DATE:** _____ **STATE:** _____

DEA #: _____ **EXPIRATION DATE:** _____

DO YOU HAVE HOSPITAL PRIVILEGES? ❑ **YES** ❑ **NO**

HOSPITAL NAME: _____ **CITY, STATE, ZIP** _____

Professional Liability Information

MALPRACTICE INSURANCE CARRIER: _____ **TELEPHONE #:** **(** **)** _____

POLICY #: _____ **LIABILITY AMOUNTS:** _____ **/**

EFFECTIVE DATE: _____ **EXPIRATION DATE:** _____

LIBERTY DENTAL PLAN

EMPLOYMENT HISTORY

PLEASE PROVIDE A CHRONOLOGICAL 5 YEAR WORK HISTORY INCLUDING ANY GAPS OF EMPLOYMENT LASTING LONGER THAN A 6 MONTH TIME PERIOD. HISTORY MUST INCLUDE A MONTH & YEAR.

PRACTICE NAME: (Current Location) _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

START DATE (MM/YYYY): _____ **TO END DATE (MM/YYYY):** _____

PRACTICE NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

START DATE (MM/YYYY): _____ **TO END DATE (MM/YYYY):** _____

PRACTICE NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

START DATE (MM/YYYY): _____ **TO END DATE (MM/YYYY):** _____

PRACTICE NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

START DATE (MM/YYYY): _____ **TO END DATE (MM/YYYY):** _____

LIBERTY Dental Plan Questions:

- **Do you provide all services as outlined in the schedule of benefits? ❑ YES ❑ NO**
  If No, please explain? _____
- **Do you participate in any other DHMO or PPO programs?**
  If yes, which ones? _____
- **Would you be interested in serving on a Peer Review Panel or Quality Assurance Committee? ❑ YES ❑ NO**

Professional Questions & Attestation

For each "YES" response please include a detailed explanation with this form.
If question is "Not Applicable," please mark "NO" for each response.

1. In the past five (5) years, have you had any gaps of six (6) months or greater, where you did not work as a practitioner in this current discipline? If "YES," please explain the reason(s) for any gap(s) on a separate page.

   ❑Yes ❑No
2. Has your license(s) to practice in any jurisdiction(s), whether completed or still pending, ever been denied, limited, suspended, revoked, not renewed; or have you ever been placed under probation, subject to disciplinary action or have you voluntarily relinquished any item in anticipation of any of these actions?

   ❑Yes ❑No
3. Has your professional liability insurance ever been denied, suspended, canceled, or subjected to any disciplinary action?

   ❑Yes ❑No
4. Have any of your DEA or State Drug Certificate registrations ever been denied, suspended, canceled, or subjected to any disciplinary action?

   ❑Yes ❑No
5. Has your status as a provider, or membership with any professional organization, ever been denied, suspended, discipline, canceled, sanctioned,; or are you currently under investigation by any municipal, state, federal or any other government agency, HMO, PPO or other prepaid health plan? (e.g. Medicare, Medi-Cal, Medicaid).

   ❑Yes ❑No
6. Are your privileges or memberships at any hospital or institution (Military Service) currently under investigation or have they ever been denied, suspended, reduced, disciplined, or not renewed?

   ❑Yes ❑No
7. Are you prevented from performing any procedures within the scope of privileges and duties as a healthcare provider?

   ❑Yes ❑No
8. Do you currently, or did you in the last five years, engage in the unlawful use of drugs, including the improper use of prescription drugs?

   ❑Yes ❑No
9. Do you have any felony or misdemeanor charges pending against you, other than a traffic violation, or have you ever been convicted or pleaded "nolo contendere" to a felony?

   ❑Yes ❑No
10. Have you been involved, within the last ten (10) years, or are you currently involved in ANY claims/lawsuits, settlements, or judgments (other than divorce or custody)? If yes, please provide detailed information on a separate sheet of paper including: docket # of the case, location of the court, the names of the party plaintiff(s) and defendant(s), description and date(s) of the incident(s), your involvement, current disposition, and the amount of settlement.

    ❑Yes ❑No
11. Are you currently practicing WITHOUT, or with an EXPIRED, Professional Liability/Malpractice Insurance?

    ❑Yes ❑No
12. Have you ever been reported to the National Practitioner's Data Base?

    ❑Yes ❑No

Disclaimer and Signature

I authorize **VerifPoint/CreDENTALs, LIBERTY Dental Plan's contracted CVO**, to consult with professional liability carriers, and other persons or entities to obtain information concerning my professional qualifications, including competence, ethics, and other qualifications. I, the undersigned, hereby certify that the information requested by VerifPoint/CreDENTALs is truthful, correct and complete in all respects, and I further understand that the intentional submission of false or misleading information or the withholding of relevant information is grounds for termination as a participating provider with the affiliated organization contracted with the VerifPoint/CreDENTALs. The undersigned hereby aggress to notify VerifPoint/CreDENTALs of any changes in the above information.

*I hereby make formal application for provider panel membership with **LIBERTY Dental Plan.***

Doctor's Signature: _____ **Date:** _____

PRINT NAME: _____ **License #:** _____ **State:** _____

Revised September 2010