# EIBERTY

#### STEP 1 - Go to www.libertydentalplan.com, click on Providers and Select "Join our Network"



Answer "Yes" to Question 1 if the dentist you're enrolling is already

1. Is the dentist you want to enroll currently a LIBERTY provider?

Yes O No/Unsure

<u>credentialed with LIBERTY Dental Plan</u>. Selecting "Yes" to this Question will allow you to bypass the credentialing portion of the online enrollment application.

Answer "No/Unsure" to Question 1 if the dentist you're enrolling is not already credentialed with LIBERTY Dental Plan or if you're unsure if they're already credentialed. Selecting "No" to this Question will prompt you to complete the credentialing application as part of your enrollment process if you do not check "Yes" to Question #5.

#### STEP 3b - CAQH Question

Answer "Yes" to Question 2 if the provider you're enrolling has a CAQH Provider ID that has up-to-date attestations. Selecting "Yes" to this Question will prompt you to enter the provider's CAQH ID. Once the user enters a CAQH ID and clicks "Continue," go to Step 6.

#### 1. Is the dentist you want to enroll currently a LIBERTY provider?

🔘 Yes ( No/Unsure

If you are unsure, please call (888) 352-7924

#### 2. Do you have a currently attested CAQH provider ID?



🔿 Yes ( No

#### CAQH Provider ID \* 123456

123450

Please be sure your information is current and your application is eith

2. Do you have a currently attested CAQH provider ID?



#### STEP 3c - CAQH Form

Complete the CAQH Form with the required (\*) information and click Submit

Doing this will allow the credentialing application portion of the enrollment process to be bypassed once you enter your CAQH information. (Please ensure that the provider's attestations are current (within the last 90-days) and that LIBERTY Dental Plan is authorized to access the application.

	CAQH Email	Form				
	Welcome to LIBERTY Dental Plan! Please provide the following in	Let's get started. Iformation:				
Location Info:						
State Alabama	-					
Office Info:						
Office Name * TEST ABC DENTAL	Email * bmajor@libertydentalplan.com	Contact Person * TEST CAQH				
Office Address * 123 TEST Street	Suite/Unit #	City * Mobile				
State * Alabama	ZIP Code * ▼ 36607	County Mobile				
	Format: 'socoof' or 'socoof'.					



#### How do I ensure that LIBERTY is able to access my CAQH application?

In order for LIBERTY to access your CAQH application, practitioners will need to authorize our healthcare organization to acquire your information.

Please visit CAQH's website: <u>https://proview.caqh.org/Login?Type=PR</u> to update your authorization selection. Click "Authorize" from the top navigation menu.



Under the section "Authorization Setting" select from one of the two options available

- "Yes. Release my data to any organization that requests access" (recommended)
- "No. Ask me to review each organization's request"

Agree to the authorization and click "Save"

You may also allow "global" authorization or "individually" grant access

- Global allows access to all healthcare organizations that indicate to CAQH that you are an affiliated provider or in the process of becoming an affiliated provider.
- Individually allows access to healthcare organizations that you specify

#### STEP 7 – Before You Begin Questions

Ensure that you have a copy of your Dental License\*, DEA Certificate\*, and Malpractice/Tort (Liability) Insurance Declaration Page\*

Once you have all the documents you need, click Continue to start the enrollment process.

#### 3. Documents you'll need before you can complete your application:

Copy of your Dental License

Copy of your DEA Certificate

Copy of your Malpractice/Tort Insurance Certificate

\*Please Note: If any of the documents listed above are set to expire within 60 days from the date of enrollment, please ensure that the updated documents are forwarded to the appropriate network manager once renewed.

#### STEP 8 – Select the Appropriate Option

Once an account is created, the user will need to select one of four options to begin enrollment. Each option is based on whether the office is contracted and the provider that you want to enroll is credentialed.

Please use the following key to determine which Option is right for your situation. Please note that LIBERTY Dental Plan requires that each office location is contracted with LIBERTY. If you're adding a new office location AND the dentist you're enrolling for that office is not currently credentialed with LIBERTY, please select Option I.

## Option I

- Office <u>Not Contracted</u>
   AND
- Dentist <u>Not</u>
   <u>Credentialed</u>

## Option II

(Add Additional Office)

 Office <u>Contracted</u> AND
 Dentist <u>Credentialed</u>

### Option III (Add New Provider)

- Office <u>Contracted</u>
   AND
- Dentist <u>Not</u> <u>Credentialed</u>

## Option IV (Add Existing Provider)

 Office <u>Contracted</u> AND
 Dentist <u>Credentialed</u>

#### **OPTION I - New to LIBERTY**



#### New to LIBERTY - Screen 1

1. Enter Office and Provider information into all require fields.	ed		
	Option 1: Nev	w Offices & Providers	
	Welcome to LIBE	ERTY Dental Plan! Let's get started.	
Location Info:		and the following information:	
Sone <sup>4</sup> Aricona	<u> </u>		2. Select the Plan Types you
Office Info: Promp Office Info: Test ABC Dental	Ensi * JoeTest@abcdental.com Ensi to reorive confirmation.		intend to participate with from the available plans in your state.
Provider Info:			Las Nors *
Joe	Middle Initial		Test 🗣
			Plans * *
Do you service patients at hospitals, skilled nursing facilities, a	a mobile unit, or schools?		Medicaid
1			Medicare
3. Select the appropriate	**This information will be pre-populate the the above entered information is co	d throughout this application. Please verify it before you continue.	
and Hospital Privileges. If Hospital privileges is YES, then a Site Application will be added to your contracting packet.	4. Check the box to acknowledge	5. Click Continue to the next screen	go to nembers shine, one smile at a time™

#### New to LIBERTY - Screen 2: Congratulations...You Created an Account!

= KIBERTY				Menu 🗸		
Provider Online Enrollment <u>m</u> Ceneral Information <u>O</u> Provider Ceredentialing Application           · · · · · ·             O Provider Agreement *           · · · ·             O Facility Application *           · · · ·             Medicare Addendum *           · · · ·	Iment       Notes for Completing the Application:         1. Click each section in the left navigation panel to fill out the corresponding details.         2. All sections marked with * are required.         3. As you begin a section, you will see the following:         Indicates a section has been started but is not yet complete.         indicates a section is complete.         4. The Upload, Review & Sign Documents section at the bottom is where you will upload your supporting documentation and also sign the contracting documents.					
• W9 *	<ul> <li>5. If you experience any technical difficulties please send an email to PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924.</li> <li>Please review all pre-populated fields for accuracy.</li> </ul>					
<ul> <li>O CMS Attestation</li> <li>Provider Authoraced Signatory</li> <li>Ferm</li> <li>O Electrono Fund Transfer</li> <li>Upload, Review &amp; Sign Documents</li> </ul>	Code         4314/444-exc4-lac0-0900-190bb0/labb0/labb1/la	General Information Info Info An account has been created. Please refer to the email on file for further details. Coore Matcase.Commesial. Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V	Ter AGO Denal - Jos - Tex Dis 1346			

#### New to Liberty - Screen 3: Provider Enrollment Overview





This form must be signed by the Owner/CEO.

#### Making members shine, one smile at a time™

- 1. **Provider Credentialing Application** Everything entered in this section should pertain to the dentist that you want to credential with LIBERTY. Please ensure that
  - a. All required fields marked with an \* are populated with the correct information. As you answer questions, you may be prompted to enter additional information that is only required if you answer "Yes."
  - b. All Expiration Dates in the Licensure and Liability section are up to date for at least 60 days.
  - c. You include the required number of years work history in the **<u>Employment section</u>** of the application. The online application tool cannot currently tell if the data you entered meets the criteria so please ensure to follow the instructions closely in this section.
  - d. Complete the Attestation Section and include an explanation for any questions that you answer "Yes"
- 2. **Provider Agreement** Everything entered in this section should pertain to the IRS tax entity that will be listed on the contract with LIBERTY Dental Plan
  - a. Select the appropriate Office Type for the contracting Entity
  - b. Review the information that auto populated in the <u>Authorized Signatories</u> section. This section identifies the person authorized to sign on behalf of the contracting entity.
- 3. Facility Application Everything entered in this section should pertain to the office location(s) associated with the contracted entity. Please complete all required fields. Make sure to click "Save and Continue" after each section.
- 4. **Medicare Addendum** If you selected Medicare as one of the Plans you want to enroll with, you will be prompted to review the information in this section for accuracy and click Save and Continue".
- 5. **Medicaid Addendum** If you selected Medicaid as one of the Plans you want to enroll with, you will be prompted to review the information in this section for accuracy and click Save and Continue".
- 6. W9 Everything entered in this section should pertain to the IRS Tax entity that will be receiving payments for covered services rendered under your contract with LIBERTY Dental Plan. Carefully complete all required fields in this section paying close attention to details. Incorrect information in this section can cause delays in payment and/or errors with your 1099. Please consult with a tax professional (CPA) if you have any questions on this section.
- 7. Site Application A Site Application is optional and only required if the dentist intends to perform covered services in any outside of a standard office setting, such as a hospital, mobile unit, school-based program, skilled nursing facility or an ambulatory surgical center.
  - a. Click all the site types that may apply
  - b. Include each address where services will be performed in the Site Demographics
  - c. Specify the mailing address
- 8. **CMS Attestation** The CMS Attestation is optional unless the provider(s) is/are participating in programs regulated by the Centers for Medicare & Medicaid Services. This form expresses the provider's intent to adhere to CMS regulations.
- Provider Authorized Signatory Optional form signed by the CEO/Owner delegating another employee (i.e. Office Manager, Management Company Contact, etc.) to sign enrollment documents on their behalf. <u>Please OPT OUT of this form if you do not intend to authorize another signer.</u>
- 10. Electronic Fund Transfer (EFT) Optional form that provides the banking information needed to set up direct deposit for payments rendered. Complete all required fields and make sure to check the authorization box on the Authorization page before clicking "Save And Continue".
- 11. Upload, Review & Sign Documents This page will list all of the documents that you've completed and allows you to upload documents in multiple formats to support your applications. Some documents are required for all applications such as a copy of the dentist's dental license and others are only required if certain forms are completed such as the EFT form. In addition to required forms, providers should submit a copy of their updated resume/CV and a letter of explanation for any gaps in work history.

#### New to Liberty - SCREEN 4: Upload, review and sign documents

1. Review	summary to ensu	re all	Unload Review & Sign Documents		Menu 🗸
require	a accuments are	attachea	ation is required.		
General Information     Verovider Credentialing	Required Document Name			Document Status	
Application  V Provider Agreement *	Provider Credentialin	Ig Application		Ready For Sign	
✓ Facility Application * Ø	Provider Agreement			Ready For Sign	
✓ Medicare Addendum * 🗸	Facility Application			Ready For Sign	
✓ W9 * ✓	Medicare Addendum		0 Click "Pro	wa" to add oppias	of
✓ Site Application - St. Paul's Hospital ✓	, <b>O</b> W9		Z. CICK DION	wse to dud copies	
✓ CMS Attestation ✓	Site Application - St.	Paul's Hospital	the required documents the		are
Provider Authorized Signatory     Form	CMS Attestation		saved on	vour computer	
<ul> <li>Electronic Fund Transfer</li> <li>(EFT)</li> </ul>	Provider Authorized	Signatory Form		, eer eemperer	
Jupload, Review & Sign Documents	Electronic Fund Tran	ister (EFT)		Ready For Sign	
	Documents:				
	Required Document Name		Description	Attached	Delete
	Option IV_Sample Provider Link Letter.docx				
3. Click "Add" to add a			Ourrent dental license	Please Attach	8
docume list (i.e. L	ent that's not on th etter of Explanatic	ne on,	Current malpractice insura	Browse Please Attach	8
Resume,	/CV, etc.)		Internship/residency/tellovship certificate	● ± Browse 4	. Click "Sign &
			Board certification	\varTheta 👲 Browse	Submit
	<b>_</b>		Provider by Location Roster	🛛 👲 Browse	Application"
	Add	Cancel Application	Save & Continue Later	V Sign & Submit Application	-
	If you need	assistance, please em	ail us at PRInquiries@LIBERTYDo	entalPlan.com or call us at 888-	352-7924.

**New to Liberty - SCREEN 5: Review and Sign** – Once you sign and submit your application above, a copy of your contract will be displayed for your review and signature. Each form requiring a signature or initial will have a yellow flag. Click on any yellow flag to adopt your electronic signature. Then continue to click on each signature/initials flag to complete signing the documents.

A mathematical and the state of the state			FINISH OTHER ACTIONS -		
<form></form>		@ @ <del>\$</del> * 🖴 ©		2. Name and Initials si	nould
		supended, revoked, on treneved, or have you ever been placed under probation, subject to disciplinary action or have you volvatinary velocitybacked where minimization and or of these actions? □ YS CINO 1. Nas your professional liability insurance ever been denied, suspended, canceled, or subjected to any disciplinary action? □ US CINO □ US CINO	Adopt Your Si	auto-populate dat was already entere	a that × ed.
revenue the same state for the same state sta		any displanary action?	Confirm your name, initia	als, and signature.	
		5. Has your statu as a provider or membership with any professional organization, ever been denied, suppended, canceled, assictioned, or subjected to any disciplinary scittorici Net you carrently under investigation by any municipal, state, federal or any other government agency, IMIO, IPO or other prepaid health plan? (e.g. Medicare, Medicak) UNIS ELNO	* Required Full Name*		Initials*
area         area         area         break         break       break         break       break         break       break         break       break         break       break		<ol> <li>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?</li> <li>ISI NO</li> </ol>	Joe Test		Л
For a reference of the state		<ol> <li>Are you prevented from performing any procedures within the scope of privileges and duties as a healthcare provider?         □ YS_SINON         ■ YS_SINON         ■ YS_SINON         ■ Of the last five years, engaged in the unlawful use of drugs, including the improper use of     </li> </ol>	SELECT STYLE	DRAW UPLOAD	
A constraint of the second constraints of			PREVIEW		Change Style
In the procent processing of the processing o		1. Click "Sign" to Adopt an electronic Signature	Joe test		
Implementation applications for the fuel scattering with WHEP Date Hap by the fuel scattering in the fuel	NEXT		By selecting Adopt and Si my agent) use them on do	In, I agree that the signature and initials will be the electronic representation uuments, including legally binding contracts - just the same as a pen-and-pa and-pa	of my signature and initials for all purposes when I (or per signature or initial.
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Information Release/ Addonvedgements:     I authorite Verifibie//ce050TMat.or any UBBTY Detail Plan contracted ("CVO"), to consult with professional liability     competence, ethics and other qualifications, including     competence, ethics and other qualifications, including     competence (under "Credentialing information") by and between UBERTY Detail Plan and other     heathcare Organizations (e.g. hospital medical staff, medical granding, information regards associations (PVO)), the heath delway     yatem or entries, medical staff, medical granding, information programs,		DocuSign Envelope ID: 1166813F-71F0-4F57-5698-E9ABA42D55E5		"A doubt and Signa"	
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I hareby consent to the disclosure, inspection and cogning of information and documents relating to my condentials, gualifications and performance (under "condentialing information") by and between UEEETV Central lima and other Healthcare Organizations (HOV.), performed provider cognizations (IPAs), health plans, health maintenance cognizations (HOV.), performed provider cognizations (HOVs), when health delivery syntems or entilizes, prefersional associations (HOVs), so the health delivery syntems or entilizes, prefersional associations (HOVs), and providers, granting programs,		I authorize VeriPoint/CreDEVTIALs or any UBERTV Dental Plan contracted ("CVO"), to consult with professional lability carriers and other persons or entities to obtain information concerning my professional qualifications, including competence, ethics and other qualifications.			
		1 hereby content to the disclosure, inspection and copying di information and documents relating to my condentials, qualifications and performance (under "Codentialing information") by and between LERENT Dental Plan and other healthcare Organizations (e.g. hospital model atali, medical groups, independent practice association (IR-N), health plans, health mattenance cognizations (MAN), preferred provider opariations (PON), other health delivery systems or entities, medical socialities, medical socialities (problem) professional associations, medical social medical program.			



#### Adding a Location - SCREEN 1: Enter Office and Provider information

1 Enter Office and Provide	r		Charlense of Oscillar day Control of Control	XF0	
information into all requir fields	ed Option 2	2: Established Offi Adding a New Location	ice		
	Welcome to Please	LIBERTY Dental Plan! Let's get started. e provide the following information:			
Location Info:	<u> </u>		2	<ol> <li>Select the Plan intend to partic the available p state.</li> </ol>	Types you cipate with from plans in your
Office Info: Primay Office Name * Test ABC Dental	Email for receive confirmation) * JoeTest@abcdental.com				
Provider Info:					
First Name * Joe	Middle Initial		Last Name *		•
Choose one option below:	Provider's Literate ** O The provider I am adding is NOT credentialed with LIB mobile unit, or schools?	erty	Test Medicaid Medicare Choose all plans th	nat you want to participate in.	<u>.</u>
● Yes O No					
<ol> <li>Select the appropriate Credentialing Option and Hospital Privileges. If Hospital privileges is YES, then a Site Application will be added to your contracting packet.</li> </ol>	This information will be pre-pop pres that the above entered information     4. Check the box to acknowledge	lated throughout this application. Please verify it before is correct and achoused to that it will be pre-populated to Continue 5. Click Cont the next sc	i you continue. throughout this application. tinue to go creen	o to	

Adding a Location – SCREEN 2: Selecting this choice will limit the process to completing Contracting information for the location you're adding. All credentialing documents will be removed from the process. Follow Helpful Hints listed for instructions in Option I.

#### 

Provider Online Enrollment		Notes for Completing the Application:			
General Information       1. Click each section in the left navigation panel to fill out the corresponding details.         2. All sections marked with " are required.         3. As you begin a section, you will see the following:					
Provider Agreement *	~	<ul> <li>It is poly of a county, but muse the source is intermined.</li> <li>indicates a section has been started but is not yet complete.</li> <li>indicates a section is complete.</li> <li>The Upload, Review &amp; Sign Documents section at the bottom is where you will upload your supporting documentation and also sign the contracting documents.</li> <li>If you experience any technical difficulties please send an email to PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924.</li> </ul>			
● Facility Application * ②	~				
Medicare Addendum ★	~				
W9 ★	~	Please review all pre-populated fields for accuracy.			
Site Application	~		General I	nformation	
O CMS Attestation	~	Code ee008cbb-e9ca-40e2-af92-fe540ee0ff47		Office Name Is Existing Office	Test ABC Dental
Provider Authorized Signatory Form	~	State AZ - Arizona		Provider First Name	Joe
Electronic Fund Transfer (EFT)	~	Einar Joeresigaacoenia.com Phone # - Status Created		Provider Last Name Provider Sufix Name	- Test
🕹 Upload, Review & Sign Document	s	Type POE - Provider Online. Exrollment Scenario ES2.1 - Add a New Office With and Existing, Credentialed Liberty Provider		Floaidel Ficelise Multipel	UN-123+0
		Plans Servicing patients at hospitals, skilled nursing facilities, a mobile unit, or schools? Is LIBERTY provider? Is oredentialed with LIBERTY? Hac CAQH #? Comments	Medicare, Commercial, Yes Yes No		

#### **OPTION III – Add a New Provider**

G			ACCERTENCE ACCERT
C	hoose One	Option Belo	W
L New to LIBERTY Dental Plan. Your dentists or hygienists* are new to LIBERTY	II Add an Additional Office Add an additional office to LIBERTY Dental Plan. Your dentists or hygienists* are currently practicing at another LIBERTY contracted office Choose Option 2	Add a New Provider Add a new dentist or hygienist* to your office. Your office is already contracted with LIBERTY	Add an Existing Provider Add a dentist or hygienist <sup>a</sup> that currently practices at another LIBERTY contracted office to your office. Your office is contracted with LIBERTY
	Choose Option 2	Choose Option 3	Choose Option 4

#### Adding a New Provider – SCREEN 1: Complete the required fields in the Office and Provider Info sections.

2.	Enter Office and Provider information into all required fields	Option 3: Established Office credentialing New Provider
	+	Welcome to LIBERTY Dental Plan! Let's get started.
Location II State * Alabama	nte:	
Office Info Primary Offi Test ABC	0: for time * : Devial	[nel] In mole information* JoeTen@alcolental.com
Provider Ir First Name 1	nfox *	Midde Initial Latinge * Text
Suffix		VN-1236     **This information will be pre-populated throughout this application. Please weily it before you continue.     And I will be pre-populated throughout this application.     Controur
	3. Check t to ackn	the box nowledge 4. Click Continue to go to the next screen

Adding a New Provider – SCREEN 2: Selecting this choice will limit the process to completing Credentialing information for the dentist you're adding. All contracting documents are removed from the process. <u>Follow Helpful Hints listed for instructions in Option I</u>.

=	E LIBERTY				
Provider Online Enrolln	nent	Notes for Completing the Application: 1. Click each section in the left navigation panel to fill out the	corresponding details		
f General Information		<ul> <li>1 clinic etail section in the ten retragrand partie for the outersponding details.</li> <li>2. All sections market with "are required.</li> <li>3. As you begin a section has been started but is not yet complete.</li> <li>✓ indicates a section has been started but is not yet complete.</li> <li>✓ indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> <li>✓ Indicates a section has been started but is not yet complete.</li> </ul>			
Provider Credentialing Application	* ^				
Personal Demographics	$\odot$	Please review all pre-populated fields for accuracy.			
Office Demographics	۲		Provider Credentialing Applic	ation	
Tax Identification	$\odot$	Personal Demographics:		Data Of Data 🕈	
Education	$\odot$	Joe	Test	04/21/1971	
Sedation	$\odot$	Gender	Provider Type O Owner (in Associate	Provider Degree	
Licensure & Liability	۲	CAQH Application # C234982	0		
Employment	$\odot$				
Attestation	$\odot$		Save And Continue		
👌 Upload, Review & Sign Do	ocuments				



Add an Existing Provider - Screen 1: Once the question below is answered, you will get one of two responses



#### Add an Existing Provider - Screen2a: "No/Unsure" answers will display the following screen



#### Add an Existing Provider - Screen2b:

	Ngps//onlineerrollment2.Aber Login 💽 Reports - All D	1. 2. 3. 4.	Click on the "Back" button to return to the "Before You Begin" Questions. Answer the "No/Unsure" to Question 1. Answer Question 2 Go to the Options Page Select Option II
		•	Option 4: Established Office
			Adding Already Credentialed LIBERTY Provider
			Welcome to LIBERTY Dental Plan! Let's get started.
			Please provide the following information:
is the C	he dentist you want to enroll currentl Yes () No/Unsure Ni are unsure, please call (888) 352-7924	a LIBERTY provider?	
			Continue

### Add an Existing Provider - Screen 2c: Selecting Yes will automatically prompt you to enter the Office and Provider Information

Option 4: Established Office Adding Already Credentialed LIBERTY Provider					
Welcome to LIBERTY Dental Plan! Let's get started.					
Is the dentist you want  The second s	to enroll currently a LIBERTY provider? nsure all (888) 352-7924	Please provide the following info     I. Check "Yes" the     provider to a constraint of the following info	add a creden contracted offic	tialed e.	
Office Info:					
Primary Office Name * Test ABC Dental		Email (to receive confirmation) * JoeTest@abcdental.com	Contact Person Joe Test	e	
Office Address * 123 Main Street		Suite/Linit # 18	City * Mobile		
<sub>State</sub> * Alabama		20 Code * 36525 Format: boool or boool.aack.	Csumy Mobile		
Provider Info:					
First Name * Joe		Middle Initial	Last Name * Test		
Suffix		Provider's License # * DN-12345			
2. Enter C informa fields  Add an Existin  Add an Existin  Constraints  Cons	Diffice and Provider ation into all required of the provider - Screen of the second second second second second second second se	I I I I I I I I I I I I I I I I I I I	Continue to go next screen Review the Gene o ensure that th correct.	eral Information section e data you entered is	
	Please review all pre-populated fields for accuracy.				
		Gene	al Information		
	Code 5482423a-7683-4851-8510-4842204	2000	Office Name Text ABC C Is Existing Office .	wetal	
	Sola ANatarna Esnail Joint Carang Sola ANatarna Esnail Joint Caragglacismant cara Panes #		Provider Fint Name Jos Provide Middle Name - Provide Las Name Test Provider Jahn Name Provider Liesse Number DN-12345		
	Plans Bervioing patients at hospitals, skilled nursing facilities, a mobile unit, or schools? Is LIBERTY provider? Is credentialed with LIBERTY? Has CAGH #?	- Ves No			

#### Add an Existing Provider - Screen 4: Attaching required documents

- Each office must attach a Link-Letter informing LIBERTY of the new provider/location linkage
  - Link-Letters must include all the following elements
    - Location Name
    - Location TIN

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- Location Address
- Dentist Name
- Dentist License #
- Dentist NPI #
- Draft the Link-Letter on your office letterhead and save it on your computer where you can access it.
- Follow the instructions below to attach the Link-Letter to your request.

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Provider Online Enrol	lment			×
General Information     Uplead, Review & Sign Documents		Note for Completing the Agglocation:  1. Click scale action in the lift analysission panel to BI out the corresponding details. 2. All sections market with "are required. 3. All synchron markets with the following:      Oncloses a section has been staffer bot by complete.      Indices a section has been staffer bot by complete.      Indices a section has been staffer bot by complete.      Indices a section scale action is a complete.      Indices a section scale action is complete.      Indices a section is complete.      Indic		
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г		Provider Link Lette		★ Browse
3. Click "Sign & Submit Application Submit Application Submit Application Submit Application end assistance please email us at PRinguines@UBRRTyDentalPlan.com or call us at 888-352-7924.				Sign & Submit Application

Add an Existing Provider - Screen 5: Confirmation Page: You've successfully completed Option IV!



Thank you for your interest in joining LIBERTY Dental Plan's network. Your application will be reviewed and we will contact you as soon as processing is complete or if any additional information is required. If you have any questions, please contact Professional Relations at 888-352-7924

Sincerely yours, LIBERTY Dental Plan Team