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 F	-0111	
	Welcome to LIBERTY Dental Plan! Le Please provide the following info		
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 #	Gity * Mobile	
State * Alabama	2/P Code * ▼ 36607	County Mobile	
	Format: topoor' or hopportopoor'.		



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.			
	Option 1: Ne	w Offices & Providers	
		BERTY Dental Plan! Let's get started.	
Location Info:		ande the following information:	
Sone ⁴ Arizona	-		2. Select the Plan Types you
Office Info: Promp Office Info: Test ABC Dental	Inst * JoeTest@abcdental.com Enail to receive confirmation.		intend to participate with from the available plans in your state.
Provider Info:			
Fest Name * Joe	Middle Initial		Lan tures * Test
	Provider's License # *		Plans *
Do you service patients at hospitals, skilled nursing facilities,	a mobile unit, or schools?		Medicaid
O Yes O No			Medicare
3. Select the appropriate	**This information will be pre-popula gree that the above entered information is o	ted throughout this application. Please verify it before you continue.	
Credentialing Option 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	o 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 * · · · ·		wing: is not yet complete. ion at the bottom is where you will upload your supportin	ng documentation and also sign the contracting documents.	×		
W9 * Site Application	 5. If you experience any technical difficulties please send an email to PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924. Please review at pre-populated fields for accuracy. 					
 O CMS Attestation Provider Authoraced Signatory Ferm O Electrono Fund Transfer Upload, Review & Sign Documents 	Code 4314/444-exc4-lac0-0900-190bb0/labb0/	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 DN 1336			

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

	summary to ensu		Upload, Review & Sign Documents		Menu 🗸
	ed documents are	attachea	ation is required.		
General Information Provider Credentialing	Required Document Name			Document Status	
Application V Provider Agreement *	Provider Credentialin	Ig Application		Ready For Sign	
Facility Application * 0	Provider Agreement			Ready For Sign	
✓ Medicare Addendum * 🗸	Facility Application			Ready For Sign	
✓ W9 * ✓	Medicare Addendum		0 Click "Prov	wa" to add oppias	of
✓ Site Application - St. Paul's Hospital ✓	• we			wse" to add copies	
✓ CMS Attestation ✓	Site Application - St.	Paul's Hospital	the requir	ed documents that	are
Provider Authorized Signatory Form	CMS Attestation		saved on your computer		
Electronic Fund Transfer (EFT)	Provider Authorized			<i>,</i> ,	
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 document that's not on the list (i.e. Letter of Explanation,			Current dental license	Browse Please Attach	8
		-	Current malpractice insura	Browse Please Attach	8
Resume,	/CV, etc.)		Internship/residency/tellovship certificate	● ± Browse 4	. Click "Sign &
			Board certification	\varTheta 👲 Browse	Submit
	_		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 constrained on the state of the s			FINISH OTHER ACTIONS -		
		@ @ \$ * 🖴 ©		2. Name and Initials si	nould
If the state is	have you volutativity relinquished any item in anticipation of any of these actions? ☐ '15 . TW . No your professional liability insurance over been denied, suspended, canceled, or subjected to any disciplinary action? ☐ '15 . E NO		Adopt Your Si	_ · ·	
In the state of		any disciplinary action?	Confirm your name, initia	als, and signature.	
In the state of the state of the state, s		canceled, sanctioned, or subjected to any disciplinary action? 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, Medicaid)			Initials*
Set of the state is a specific of the speci		have they ever been denied, suspended, reduced, disciplined, or not renewed? YES NO	Joe Test		Л
For the first interview of the first inter		provider? Provider? NO S. Do you currently, or did you in the last five years, engaged in the unlawful use of drugs, including the improper use of	SELECT STYLE	DRAW UPLOAD	
In the control of			PREVIEW		Change Style
1. dept controlling practication genetication (1) or with ALEDANDER, Professional Lability/Multipaction Intervence Professional Lability/Multipactication Intervence Profesional Lability/Multipactication Intervence Professional Lability/M		, °	Joe test	Tt)	
Import DNC SIGNATURE Import DNC SIGNATURE <td< td=""><td>NEXT</td><td>VIS SINO 12. Have you were been reported to the National Sectioner's Data Base? VIS SINO</td><td></td><td></td><td></td></td<>	NEXT	VIS SINO 12. Have you were been reported to the National Sectioner's Data Base? VIS SINO			
Lut_velow.co.to.to.to.to.to.to.to.to.to.to.to.to.to		*DOCTOR'S SIGNATURE:	ADOPT AND SIGN	CANCEL	
Douclings Financia (1. 1188119-1716-873-8886-886AAAC0055 Information Release / Acknowledgments: Laubroite Verifibiuit/CroENTIALs or any UEBRY Dental Pins contracted ("CVO"), to consult with professional laability carries and other persons or entities to obtain information concerning my professional qualifications, including competence, ethics and other qualifications. I hereby consent to the disclosure, inspection and copying of Information and documents relating to my credentials, qualifications and performance (under "Credentiality alformation") by and between LIEERY Dental Pin and other Haltharce Organizations (e.g. horging Intelestical staff, medical guoting Lifer Societarian (WOS), hereithy plans, health mattemance organizations (MOV), performed provider organizations (MOV), performed provider organizations (MOV), hereithy fails, health mattemance organizations (MOV), performed provider organizations (MOV), performed provider organizations (MOV), hereithy fails, health mattemance organizations (MOV), performed provider organizations (MOV), and performance (Model Context) (MOV), performed provider organizations (MOV), performed provider					WIRE STORER & AREFITED
Doutling fluwing & 11 1000119-1716-073 2008 & MAAACODES Information Release / Acknowledgments: Laubroine Verifibriu/CocDMTALs or my UBERT Dental Pins contracted ("CVO"), to consult with professional laability carries and other persons or extiles to obtain information concerning my professional qualifications, including competence, etiks and other qualifications. I hereby consents to the disclosure, inspection and copying of information and documents relating to my coredentials, quaditations and performance (under "Coefeentiality information") by and between LIBERT Dental Pin and other Hatthare Organizations (e.g. hopstift medical staff, medical groups, independent practice associations (PVO), the health divergences) paters or entires, medical staff, medical groups, independent practices associations (PVO), the health divergences). Statem or entires, medical staff, medical groups, independent practices associations (PVO), the health divergences).			Т		
Information Release / Advocwledgments: Lathorice VeriPPoint/CreDENTALs or any UBERTY Dental Plan contracted ("CVO"), to consult with professional liability carries and other persons or entities to obtain information concerning my professional liability, carries and other persons or entities to obtain information concerning my professional qualifications, inspection and between LIEERTY Dental Plan contracted ("CVO"), to consult with professional qualifications, including, qualifications and performance (usder "Credentialing Information") by and between LIEERTY Dental Plan and other health delivery system or entities, redical staff, medical groups, independent practice associations (PVO), showing parks, health maintenance organizations (IMO's), performed practice associations (IVO's), showing parks, health maintenance organizations (IMO's), performed practice associations (IVO's), and the health delivery system or entities, medical sublet, medic		P_APP-rev11.19.2018.pdf 3 of 6			
I authorise VeriPoint/CroBNTALs or any UBBRY Dental Plan contracted ("CVO"), to consult with professional lability carries and other persons or entibles to dotain information concerning my professional qualifications, including competence, etics, and other qualifications. Including contents relating to my condential, qualifications and performance (under "CroBertalling Information") by and between LBBRY Dental Plan and other Healthcare Organizations (e.g. hospital medical staff, medical groups, independent practice associations (PVO), buth plans, health maintenance comparisations (HMO's), performed provider organizations (PVO), which health delivery systems or entities, medical solider, predicted provider organizations (PVO), shorth practime, predicted provider organizations (PVO), shorth predicted providers organizations (PVO), shorth predicted provider organizations (PVO), shorth predicted providers organizations (PVO), shorth performance, funded and provider organizations (PVO), shorth predicted provider organizations (PVO), shorth predicted provider organizations (PVO), shorth performance, funded and pe		DocuSign Envelope ID: 1166813F-71F0-4F57-5698-E9ABA42D55E5		"A doubt and Signa"	
carries and other persons or entities to obtain information concerning my professional qualifications, including competence, etitics and other qualifications. I hereby consents to the disclosure, inspection and cocyments relating to my credentials, qualifications and performance (under "Credentialing information") by and between LIBERTV General Plan and other Healthcare Organizations (e.g. hospital medical staff, medical graph, independent practice associations (PMO)), health plans, health maintenance organizations (MMO), preferred provider organizations (PMO), the health delivery systems or entities, medical societ, englical short medical sociations (PMO), and pragmas,			J. CIICK	Adopt and sign	
qualifications and performance (under "Coefentialing information") by and between LIEERTY Dential Plan and other Healthcare Organizations (e.g. hospital medical staff, medical graphs, independent practices associations (PMO), health plans, health maintenance organizations (PMO), effective practices associations (PMO), health destines or entities, medical societies, provider organizations (PMO), and the effective practices associations (PMO), and the effectiv		carriers and other persons or entities to obtain information concerning my professional qualifications, including			
		qualifications and performance (under "Credentialing Information") by and between LIBERTY Dental Plan and other Heahtnew Organizations (e.g. hospital medical staff, medical groups, independent practice associations (IPA3), health plans, health mentionance organizations (MIAO), performance provider organizations (POOS), other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs,			



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

1. Enter Office and Provider information into all required	d Option 2:	Established Offic	
fields		ding a New Location	
		BERTY Dental Plan! Let's get started. rovide the following information:	
Location Info:			2. Select the Plan Types you
Arizona			intend to participate with from the available plans in your state.
Office Info: Primay Office Name * Test ABC Dental	Emil to receive confirmation * JoeTest@abcdental.com		
Provider Info:			
First Name * Joe	Middle Initial		Last Name *
	Provider's License ≠ *		Test
Choose one option below:			Medicaid Medicare
The provider I am adding is credentialed with LIBERTY	The provider I am adding is NOT credentialed with LIBER	יז	Commercial
Do you service patients at hospitals, skilled nursing facilities, a mot	sile unit, or schools?		Choose all plans that you want to participate in.
		-	
 Select the appropriate Credentialing Option and Hospital Privileges. If Hospital privileges is YES, then a Site Application will be added to your contracting packet. 		Continue 5. Click Contin the next scr	ughout this application.

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:			
fin General Information	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 *	~	 As you begin a section, you win see the tonowing. Indicates a section has been started but is not yet complete. ✓ indicates a section is complete. The Upload, Review & Sign Documents section at the bottom is where you will upload your supporting documentation and also sign the contracting documents. If you experience any technical difficulties please send an email to PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924. 			
● Facility Application * ②	~				
Medicare Addendum ★	~				
W9 ★	~	Please review all pre-populated fields for accuracy.			
Site Application	~		General I	nformation	
O CMS Attestation	~	Code ee988cbb-e9ca-40e2-af92-4e540ee0f147		Office Name Is Existing Office	Test ABC Dental
Provider Authorized Signatory Form	~	State AZ - Arizona Email Joe Text@abcdental.com		Provider First Name Provider Middle Name	Joe -
Electronic Fund Transfer (EFT)	~	Phone # - Status Created		Provider Last Name Provider Sufix Name Provider Sufix Name Provider License Number	Test
👌 Upload, Review & Sign Document	s	Type POE - Provider Online Enrollment Scenario ES2.1 - Add a New Office With and Existing. Credentialed Liberty Provider		Provider License Number	UN-12340
		Plans Servicing patients at hospitals, skilled nursing facilities, a mobile unit, or schools? Is LIBERTY provider? Is credentialed with LIBERTY? Has CAQH #? Comments	Medicare, Commercial, Yes Yes No		

OPTION III – Add a New Provider

G			
C	hoose One	Option Belo	
I 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 Choose Option 3	Add an Existing Provider Add a dentist or hygienist ^a that currently practices at another LIBERTY contracted office to your office. Your office is contracted with LIBERTY Choose Option 4

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

	Office and Provider nation into all required	Option 3: Established Credentialing New Provider	Office
	+	Welcome to LIBERTY Dental Plan! Let's get	started.
Location Info: store * Alabama	-	, nam protos in incontra government	
Office Info: Primary Office Name * Test ABC Dental		Engl Na walas schrodage * Jac Tast@abcdental.com	
Provider Info: Bits Name * Joe		Middle Initial	Lastone * Test
Suffix		Product Listers #* DN-1245 **This information will be pre-populated throughout this application. Please ve ree that the above entered information is core to be a the table pre- Costinue Costinue Costinue	nly It before you continue.
	3. Check t to ackn	ne box owledge 4. Click	Continue to go to ext 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		Club Reut Section mild for a required on paner of mild on the Onesponding details. All Sections marked with a re required A so you begin a section, you will see the following Imicates a section has been started but is not yet complete. ✓ indicates a section is complete			
Provider Credentialing Application	* ^	Inducate a service occurrence. 4. The Upbload, Review & Sign Documents section at the bottom is where you will upload your supporting documentation and also sign the contracting documents. 5. If you experience any technical difficulties please send an email to PRInguiries@LIBERTYDentalPlan.com or call us at 888-352-7924.			
Personal Demographics	\odot	Please review all pre-populated fields for accuracy.			
Office Demographics	۲		Provider Credentialing Applic	ation	
Tax Identification	\odot	Personal Demographics:	Last Name *	Date Of Sirth *	
Education	\odot	Joe	Test	04/21/1971 Format: MM/DD/YYY	
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:

C Paper/orienteensineed. Meets	
	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 dentist you want to enroll currently a O Yes NorUnsure If you are unsure, please call (\$88) 352-7924	LUBERT provider?
	Centran

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 to enroll currently a LIBERTY provider?						
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			
_{State} * 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				
informe fields	Notes for Completing the Application: 1. Click each rection in the left manyation panel to III out the co 2. All section mandow with "are required. 3. A your begins a section, you will see the following: I out of the section as the section at the section at the to both with click a section is complete. The toplace Review 5 Sign Documents section at the section.	3: General Information	o ensure that th correct.	eral Information section e data you entered is		
	Please review all pre-populated fields for accuracy.					
			al Information			
	Code 5452423a-7c93-4651-851c-464220v	2000	Office Name Text ABC C Is Existing Office .	wetal		
	Sola ANatarna Esnail Joint Garang Sola ANatarna Esnail Joint Garang Soladonat com Peoce Port A Soladon Casada Tape POC-Preveder Deline Envelopment Solenatio ESI-Ahraby Casterribad		Provider First 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 CAQH #?	- 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

•

- 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.

	ERTY			Menu 🗸
Provider Online Enrol	lment	Notes for Completing the Application:		×
General Information General Information Uplead, Review & Sign Documents		Notes to Company the Application: 1. Cick carbon the left molyadro panel to fit out the corresponding details. 2. All sectors marked: with "are regarded 2. As you begin a section, you lite and the Molenning indicates a section has been tarket but is not yet complete. / Indicates a section has been tarket but is not yet complete. / Indicates a section has been tarket but is not yet complete. / Indicates a section is used as a section as a lite boltowing / Indicates a section has been tarket but is not yet complete. / Indicates a section has been tarket but is not yet complete. / Indicates a section has been tarket but is not yet complete. / Indicates a section has market but is not yet and the boltowing is the particular but is the boltowing in the contracting documents. 5. If you experience any technical difficulties please send as email to PRinquines@URERTYDentaPlan.com or call us at 868-502-7924.		
				Organice New Indef Bit Time Date modified Type effer Mithook Davedin Dig Option M_Sample Provide Link Letter Dig Option M_Sample Provide Link Letter Tradition M Mithook Davedin Mithook Davedin Mithook Davedin Mithook Davedin Dig Option M_Sample Provide Link Letter Tradition M Mithook Davedin
		Enter the name of the document you're attaching and click "Browse".		Do Dytess De Dytess Dytess De Dytess Dyt
		Repired Documents: Repired Document Name	Desperent New	Picture Picture Videos File name Option IV, Sample Provide Link Le
г		Provider Link Lettor		
3. Click "Sign & Submit Application eed assistance, please email us at PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924.				

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