Dental Provider Application

Name_____NPI _____
      (as it appears on license)

Date of Birth_____Degree_____Male____Female_____SSN_____

Specialty _____Language_____
      (Primary/Secondary)   (Primary/Secondary)

State License #_____Issue Date_____Expiration Date _____

DEA #_____ST_____Issue Date_____Expiration Date _____

 If you have a DEA issued in Arkansas are you enrolled with the Arkansas Prescription Monitoring Program ("AR PMP")?   Y / N

Do you authorize the Arkansas Department of Health to release confirmation of your AR PMP enrollment?   Y / N
(**Please note:** Network credentialing standards require enrollment in the AR PMP for those providers who hold an active DEA issued in AR. Not authorizing confirmation of your enrolment will result in rejection of your network applications.)

PRIMARY PRACTICE LOCATION – *Must be a street address, not a PO Box*

Street Address _____

City_____State_____Zip_____

Phone # for Patient Appointments_____Fax #_____

Contact _____
      (Name, Title, Email)

CORRESPONDENCE INFORMATION - *For notifications, newsletters, credentialing updates, etc.*

Correspondence Address _____

City_____State_____Zip_____

Correspondence Phone #_____Fax # _____

Contact _____
      (Name, Title, Email)

PAYMENT INFORMATION - *If payment to a clinic or group is required, please complete the Authorization for Clinic Billing form.*

Payment EIN _____Doing Business As_____
      (Attach IRS verification of EIN

Payment Address _____

City_____State_____Zip_____

Payment Phone_____Fax#_____

Contact _____
      (Name, Title, Email)

SIGNATURE_____**DATE**_____

ADDITIONAL LOCATIONS*

- Location Name _____

  Address _____

  Phone _____

  Fax _____

- Location Name _____

  Address _____

  Phone _____

  Fax _____

- Location Name _____

  Address _____

  Phone _____

  Fax _____

- Location Name _____

  Address _____

  Phone _____

  Fax _____

- Location Name _____

  Address _____

  Phone _____

  Fax _____

- Location Name _____

  Address _____

  Phone _____

  Fax _____

- Location Name _____

  Address _____

  Phone _____

  Fax _____

- Location Name _____

  Address _____

  Phone _____

  Fax _____

*This page may be copied for additional locations