

Dental Provider Application

Name _____ NPI _____
(as it appears on license) (Attach copy of NPI verification from NPPES)

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 _____
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Fax _____
- Location Name _____
Address _____
Phone _____
Fax _____

*This page may be copied for additional locations