

# 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