

Application Checklist for Pennsylvania Dentists

Please include this checklist when returning your application package.

You must ensure that all the items are completely filled out, all necessary credentials are current and all items that require signatures are signed and dated.

RAYANT DENTAL OPTION PLAN NETWORK IN PENNSYLVANIA (All must be checked-off)

- VerifPoint Application and Attestation – Signed and Dated
- Agreement with Participating Dentist – Signed and Dated
- Amendment to Agreement – Signed and Dated
- Provider Verification Form & W9 Form

RAYANT PPO DENTAL NETWORK IN PENNSYLVANIA (Check-off if applicable)

- Amendment to Agreement with Participating Dentist – Signed and Dated

PHOTOCOPIES OF THE FOLLOWING CREDENTIALS ARE INCLUDED: (All must be checked-off)

- Current PA State License
- Current DEA Certificate – PA address
- Current Malpractice Insurance declaration page showing minimum liability amounts of \$1 million/
\$3 million and policy period.

The individual dentist name must appear on the policy and the address indicated on the policy must be for the same state (Pennsylvania) in which you practice.

EDI PARTICIPATION (Check-off if applicable)

- Electronic Claim Authorization
- Electronic Payments Deposit Authorization

Please initial that all required forms are filled out completely, signed, dated and that all required credentials submitted are not expired _____.
Initials

**Please remember incomplete applications cannot be processed and will be returned.
Thank You for your cooperation**