

**CERTIFICATION, STATEMENTS, AND SIGNATURE**

I hereby acknowledge that the information provided in this application is material to the determination by **DentaQuest** whether or not to execute an agreement with me. I hereby represent and warrant that all information provided herein is true, correct and complete to the best of my knowledge, and I agree to notify **DentaQuest** in the event an error is discovered or when new events occur which alter the validity of any response herein. I hereby authorize **DentaQuest** to consult with individuals or institutions with which I have been associated and with others, including but not limited to past and present malpractice carriers, educational institutions, and state licensing boards, who may have information bearing on my professional competence, character and ethical qualifications and authorize the release of any such written or oral verification as needed by DentaQuest. I hereby release from liability for any such entity, institution, or organization that provides information as part of the application process.

I certify that:

- \* All parties of material interest have been identified and include no persons or entities with a potential for profit from self-referral,
- \* All services are provided by and under the “on Premise” supervision of a licensed dentist,
- \* The above information is complete, correct and true to the best of my knowledge,
- \* My malpractice information is current at the time of application and the limits are at or exceed the minimum amounts required by the Plan and DentaQuest.

**Individual Provider Participation Attestation**

Attestation to confirm that you have agreed to become a Participation Provider/ Provider Dentist in the DentaQuest provider network, by means of your or your office’s Provider Agreement with DentaQuest to render services to Members pursuant to the Agreement with DentaQuest.

**Power of Attorney**

The undersigned does hereby constitute and appoint each owner, member and partner of the entity set forth in the space designated for “Entity Name” on Page 3 of this document (“Entity”), its true and lawful attorney-in-fact, in undersigned’s name, place, and stead, to execute, acknowledge, sign and deliver any and all contracts, documents, and writings on undersigned’s behalf in connection with arrangements with DentaQuest for the provision of dental services. And the undersigned grants said agent full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said agent, or his/her/its substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

Signed by: \_\_\_\_\_  
Principal

Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**All applications are subject to review and approval by DENTAQUEST.**

**All information contained in a credentialing file will be held in strict confidence, and available for review by only duly authorized employees of DentaQuest Dental USA, Inc., the Plan, and/or third party review organizations (i.e. NCQA, etc.). Practitioner has the right to obtain a copy of their credentialing file, by submitting a written, signed request to the Supervisor of Credentialing at the corporate headquarters for. Any corrections, additions, or clarifications to these files must be submitted in writing to the Supervisor of Credentialing within 30 days of the original submission. This information will be added to the provider application and considered in the credentialing decision. The practitioner has the right, upon request, to be informed of the status of their credentialing or recredentialing application via phone, fax, or mail. If the Credentialing Committee recommends the acceptance of an application with restrictions, denial of an application, or discipline or termination of a practitioner, written notification will be issued within 30 days of that decision. The practitioner then has 30 days from the date of the notice to submit a written appeal of that decision. Appeals should be addressed to the Credentialing Committee, sent to DentaQuest’s corporate address.**

**In the event that a dentist’s application for participation is rejected or limited for reasons pertaining to the applicant’s professional conduct or competence, DentaQuest is required to submit a report to the Plan. The Plan will submit a report to the National Practitioner Data Bank and the state licensing board as required by law.**