Instructions for Submitting a CAQH Credentialing Application

This form is used to collect information for credentialing providers for networks operated by members of the Sun Life group of companies.

Companies include:

- Sun Life Assurance Company of Canada
- Sun Life and Health Insurance Company (U.S.)
- DentaQuest, LLC and its affiliates
- Dental Health Alliance, L.L.C. (DHA)
- The Premier Dental Group, Inc.
- Dental Care Plus, Inc. (DCPG)
- Affiliated prepaid companies[1]

What is CAQH?

The CAQH (Council for Affordable Quality Healthcare) offers a single credentialing application and an online database that contains information necessary for insurance companies to credential a provider. This allows providers to submit and maintain their credentialing information at one location rather than filing with many organizations. There is no cost to file an application with CAQH and it can be completed online.

Submit CAQH application

Option 1:
I already have an application on file with CAQH

- You must give CAQH authorization to release your information to Sun Life.
- Fill out the chart below with your CAQH ID.
  When submitting, please include a copy of your signed provider contract.

Option 2:
I want to complete an online CAQH application

- If you're a dentist, please first sign-in or register via www.ada.org and follow instructions to submit a credentialing application via CAQH Provider Data from ADA's website.
- Once application is complete fill out the chart below with your CAQH ID. **When submitting, please include a copy of your signed provider contract.**

1. Affiliated prepaid companies are: Denticare of Alabama, Inc. United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security Dentalcare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc. United Dental Care of Texas, Inc.

Provider information

Provider 1:

Provider first name	Middle initial	Last name	Provider type (DDS, DMD)
License number	Specialty	Individual (Type I) NPI	Date of birth (mm/dd/yyyy)
Street address	City	State	Zip code
Phone number	Fax number	E-mail address	
CAQH ID			

Provider 2:

Provider first name	Middle initial	Last name	Provider type (DDS, DMD)
License number	Specialty	Individual (Type I) NPI	Date of birth (mm/dd/yyyy)
Street address	City	State	Zip code
Phone number	Fax number	E-mail address	
CAQH ID			

Provider 3:

Provider first name	Middle initial	Last name	Provider type (DDS, DMD)
License number	Specialty	Individual (Type I) NPI	Date of birth (mm/dd/yyyy)
Street address	City	State	Zip code
Phone number	Fax number	E-mail address	
CAQH ID			

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