

**In order to process your application, the following required documents must be completed and/or included with your submission:**

- Completed Application
- Attestation, signed and dated
- Employment History for the past 5 years including current experience. Start and end dates must be provided and explanation of employment gaps exceeding the following limits must be noted: 90 days in North Carolina, 2 months in Oregon and 6 months for all other states.
- Completed Sedation/Anesthesia Information or Sedation-Anesthesia Supplemental Form. Must include current Anesthesia License, Permit, Certificate, or Completed Training for the following: **DC, MI, SC, Puerto Rico, Virgin Islands.**
- Provider Agreement, signed and dated
- W9, signed and dated
- Plan Summary(s), initialed and dated
- Current Specialty Certificate (if applicable)
- Current Dental License (hard copy is required for **Puerto Rico**)
- Current valid Drug Enforcement Administration (DEA) Number/Certificate (Non-Orthodontist) – You must obtain a separate DEA registration for each state in which you practice. If no DEA, please provide a waiver\* listing the prescribing dentist.
- Current Controlled Dangerous Substances Number/Certificate (Non-Orthodontist), if applicable
- Current Professional Liability Insurance (PLI) or Federal-State Tort Coverage Document (hard copy required for the following states: **CO, DE, FL, LA, MI, MS, NC, NE, NM, NV, OR, SC, and VT**)
- Billing National Provider Identifier (NPI) Number – If applying to participate with Medicaid plans, please indicate the NPI Number that was registered with the State as the Billing NPI number for this location
- American Disability Act (ADA) Survey (Location and/or Practitioner, if joining Medicaid Network)

\*Non-prescribing practitioners who have prescriptive authority may be credentialed without a DEA by submitting a signed and dated Waiver indicating who will be prescribing on their behalf. The prescribing practitioner may be located within the same practice as the applicant or located at another practice as long as he/she is a plan participating provider. If participating with DHMO, the prescribing practitioner must be located within the same practice as the applicant.

**ADA and CAQH**

UnitedHealthcare is committed to supporting the American Dental Association (ADA) and Council for Affordable Quality Healthcare (CAQH) ProView in streamlining the credentialing process, making it easier for you to complete one application for multiple insurance companies and maintain your credentials in a secure and central location at no cost to you.

If you are new to CAQH ProView, visit **ADA.org/godigital** to get started.

If you are already using CAQH ProView, we are able to accept your CAQH ID number provided that you ensure the following:

- CAQH ProView Profile Data is current and complete
- Copies of all required documents are uploaded on your CAQH ProView Profile and complete
- UnitedHealthcare/Dental Benefit Providers is authorized to access your information
- Last Attestation Date is within the last 6 months
- The following required documents must be completed and/or included with your submission:
  - If sedation and/or general anesthesia are administered in your practice, Sedation-Anesthesia Supplemental Form must be completed. Must include current Anesthesia License, Permit, Certificate, or Completed Training for the following: **DC, MI, SC, Puerto Rico, Virgin Islands.**
  - Provider Agreement, signed and dated
  - W-9, signed and dated
  - Plan Summary(s), initialed and dated
  - American Disability Act (ADA) Survey (Location and/or Practitioner, if joining Medicaid Network)