



PO Box 1175
Minneapolis, MN 55440-1175
E-mail: cvsmd@decare.com

Tel: 855-648-1404
Fax: 855-311-1380

Contracting and Credentialing Checklist

Please sign & return the following information:

- Contracting Dentist Agreement
- Facility Profile
- W 9 - One per Tax Identification Number (TIN)
- Credentialing Application*

Please include the following supporting documents:

- Current Dental License
- Current DEA
- Professional Liability
- Specialty Certification (if applicable)

Please retain for your records:

- CivicSmiles by DeCare Dental Uniform Policies and Procedures

**Due to several states mandating a specific credentialing form, call us at 855-648-1404 and a representative will assist you regarding your states mandated application.*