

# ENROLLMENT CHECK LIST

(Return this form along with your enrollment materials)

## Documents Below Indicated with (\*) Are Required

Please check boxes below to indicate which documents are attached.

- \* Completed and Signed Delta Dental PPO Agreement
- \* Completed "Office Profile"
- \* Completed "Dentist Profile"
- \* Copy of the Drug Enforcement Agency (DEA) Registration Certificate
- \* Copy of the Controlled Substance Certificate, if applicable
- \* Copy of the Declaration Page of your Malpractice Insurance Policy which indicates Policy Effective Dates and Amounts of Coverage
- \* Copy of an IRS/Dept of the Treasury document which verifies your Business TIN# and Name as listed with IRS. If you do not have an acceptable IRS document, please have the Owner Dentist call the IRS Customer Service (800-829-0115) and request a fax of the 147C form
- Direct Deposit Authorization Form. Include a copy of voided check for Direct Deposit Enrollment

### \*Required information

Please Forward the Enrollment Documents

Fax to: 630 983 4085; or

Email to: [pr@deltadentalil.com](mailto:pr@deltadentalil.com), or

Mail to: Delta Dental of Illinois

111 Shuman Blvd

Naperville, IL 60563

For questions, please contact Delta Dental of Illinois Provider Relations Department by email at [pr@deltadentalil.com](mailto:pr@deltadentalil.com) or 630 718-4990.