

ASSOCIATE DENTIST(S) LIST:

Practice Name:	
Owner Name:	
Address:	
City, State, Zip:	
Phone:	Fax:

TIN #:	Check payable to:
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THE FOLLOWING DENTISTS ARE AFFILIATED WITH THE PRACTICE LISTED ABOVE:

Please note that we cannot add a provider to a location or process credentialing unless the provider has an active CAQH profile with a current attestation, has authorized emblemhealth to access the profile, and has the practice location address and tax id accurately listed in CAQH.

Name:	Specialty:	Individual NPI:	Provider CAQH Profile ID:
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Name:	Specialty:	Individual NPI:	Provider CAQH Profile ID:
Name:	Specialty:	Individual NPI:	Provider CAQH Profile ID:

For practices with more than six providers, please complete and submit additional pages as needed

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