



The Dental PPA . . . A Better way

A Better Alternative to Managed Dental Care!

Application Checklist

Please review the following checklist and make sure your Dental Provider Application and Provider Agreement Form are complete, including any additional information that is required before mailing. *You must be a member of the California Dental Association in order to join.*

√ *Checklist for Mailing*

- _____ Completed Provider Agreement Form
- _____ Completed Confidential Dental Provider Application
- _____ Copy of Current California Dental License (*showing expiration date*)
- _____ Copy of Proof of Malpractice Insurance Coverage (*showing coverage limits*)
- _____ Copy of Current Lowest Accepted Filed Fee Schedule
- _____ Application/Processing Fee: \$150.00 dollars payable to:

The DENTAL PRIVATE PRACTICE ASSOCIATION

Please forward all documentation listed above and your application fee to the PPA's Consultant in an envelope addressed as shown below:

ASI
Attn: The Dental PPA
P.O. Box 5809
Fresno CA 93755

IMPORTANT: All fee schedules are considered confidential and will not be seen by any PPA member dentist or member of the PPA's Board of Directors. They will be entered into a database by the PPA's consultant; then downloaded into an independent third-party claims administrator's system.

*Administrative Solutions, Inc.
PO Box 5809
Fresno CA 93755
P:559/256-1320 F:559/256-1321*

The Dental PPA serving Sierra, Colusa, Sutter, Butte, Yuba and Nevada counties, Yolo, Placer, Sacramento, El Dorado and Amador counties, San Joaquin, Calaveras, Tuolumne, Mono, Stanislaus, Madera, Merced, Alpine, Mariposa, and Fresno counties Kings, Tulare and Kern counties