



SPECIALIST
ADD ON PACKET ALL ZONES
FOR USE ONLY WITH EXISTING CENTERS

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Provider Credentialing Check List

PLEASE MAKE SURE THAT YOU ARE ENCLOSING ALL OF THE FOLLOWING ITEMS

[] The COMPLETED one (1) page PROVIDER PROFILE

[] PROFESSIONAL LIABILITY INSURANCE POLICY NUMBER AND EXPIRATION DATE

[] STATE DENTAL LICENSE NUMBER AND EXPIRATION DATE

[] DEA CERTIFICATE LICENSE NUMBER AND EXPIRATION DATE

PLEASE NOTE: Please submit separate credentialing information for each provider at your facility.
Copies of this page are permissible



Provider Profile (A separate profile is required for each provider)

Please type or print clearly - All information is required unless noted otherwise

What is your name? _____ D.D.S. or D.M.D. Date of Birth ____/____/____

*Personal Emergency Number? (____) _____ *What is your EMAIL address? _____

What Dental College did you graduate from? _____ In What Year? _____

What is your License Number? _____ State: _____ When does it expire? ____/____/____

Who is your Professional Liability Insurance Carrier? _____

What is your Policy Number? _____ When does your policy expire? ____/____/____

What is your D.E.A. Number? _____ When does it expire? ____/____/____

From what School did you receive your specialty training? _____

Are you Board Certified? Yes No (if yes; what year were you certified) _____

Name of Dental Center you are with: _____ Phone Number? (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have any Dental Board problems that we should know about? Yes No (if yes; please use additional paper to explain)

NOTE: A yes answer to the above question DOES NOT automatically disqualify you from participation in our plan.

What is your area of specialty?

- | | | | |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Endodontics | <input type="checkbox"/> Prosthodontics | <input type="checkbox"/> Periodontics |
| <input type="checkbox"/> Pedodontics | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> I also Treat TMJ | <input type="checkbox"/> I also do Implants |

For Orthodontists Only.

- PREFERRED ORTHODONTIST (honors fee schedule) PARTICIPATING SPECIALIST (25% discount)

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