

Dental Enrollment Checklist

Please complete and return the following documents needed for the appointment of a new provider.

√	Submit	Additional Instructions
	Participating Provider Agreement for Dental Services	Complete and sign the appropriate signature line on the cover page. Please return the original. Photocopies will not be accepted.
	Initial Dental Practitioner Information Form	Complete and return.
	Form W-9	Complete for the person/entity receiving claim payments.
	Copy of New York State License	Include a copy of the New York state license for each individual within the group.
	Copy of Malpractice Certificate	
	Copy of DEA License	Submit if applicable.
	Voided Check	Used for electronic funds transfer.

Return all of the above documentation to:

Univera Healthcare
ATTN: Provider Relations
205 Park Club Lane
Buffalo, NY 14221

Please note: If you are interested in using TESIA, call 1-800-724-7240 and select option 5 for registration.

If you have any contract questions, please contact Provider Relations by fax at 716-857-4578.