



## Dental Enrollment Checklist

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

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

### 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.