



Florida Combined Life
Dental Division
P.O. Box 45132
Jacksonville, Florida 32232-9902

CREDENTIALING CHECKLIST

Please complete all sections of the Credentialing package. Applications submitted with incomplete and/or missing information will delay the credentialing process. The **Dentist's Signature** is required. Faxed, scanned or emailed forms are acceptable. Stamped signatures **are not** accepted.

Application to Join Our Networks

Clearly print or type information in **each** section of the form with indication *Not Applicable (N/A)* where appropriate.

Provide work history for the past five (5) years in month and year format; with explanations of any gaps of more than six weeks.

Provide explanations for any **Yes** responses to the Practice History or Health Status Questions on page 3 of the application.

Sign & Date page 4 of the application and return with the **Dentist's Signature** as required.

Participating Provider Agreement:

Complete page 13. Participating Provider Agreements are not valid without the **Dentist's Signature, Name/Title, Date, Address, Tax ID Number and provider's Type 1 NPI** for each location. Stamped signatures **are not** accepted.

The Network Selection on page 13 of the Participating Provider Agreement must be completed. Participation in either/or **the BlueDental Choice PPO or the BlueDental Access Max network is required to participate.** It is not a requirement to participate in both. You may also participate in any additional networks. **If networks vary by TIN or location, multiple originals of Page 13 must be submitted.**

FCL's Value-Added Discount Programs:

FCL's Value-Added Discount Programs participation form is not valid without the **Dentist's Signature, Name/Title, NPI Number, Date, Address and Tax ID Number** for each location.

Only specialty- trained orthodontists may participate in the Orthodontic Discount Program (ODP).

IRS Form W-9: Complete, sign and return, with the practice information.

NPI Information: Type 1 (sole practitioner) and Type 2 (corporation). Qualifying letter from NPPES is preferred; however we will accept in any format as long as specifications are listed to the Type.

Photocopies of the following:

- Certificate of Malpractice Insurance** (Professional Liability Certificate) which specifies the limits of liability. *(Copy of insurance invoice or binder is not acceptable).*
- Florida Dental License
- Drug Enforcement Agency Registration (DEA)
- Specialty Board Certificate (if applicable)

(Documents that expire prior to the credentialing meeting are not acceptable.)

Any questions may be directed to **DentalProviderRelations@FCLife.com**. Please allow 60-90 days for completion of the Credentialing process. A Welcome letter will be sent to you following conclusion of the credentialing process.

Submit complete Credentialing Application Packages using **any** of the following methods:

Mail To: Florida Combined Life
Dental Division
P.O. Box 45132
Jacksonville, Florida 32232-9902

Email To: DentalProviderRelations@FCLife.com
Fax To: (904)866-4846