



Application Information & Submission

SOURCE CODE <small>(For DenteMax Use)</small>		-	
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Please direct all questions to your Network Development Specialist, **Camara Ellis**
 Email: cellis@dentemax.com Phone: 248.327.5419

- ✓ When your application is complete, please click 'SUBMIT' at the bottom of this page to email the application directly back to your Network Development Specialist.
- ✓ All fields outlined in red are required.
- ✓ You must attach a copy of your **Professional Liability Insurance** or we will not be able to process your application.
- ✓ Attaching a copy of the following will help make the onboarding process smoother
 - State dental license
 - Specialty and/or board certification
 - DEA/CDS certificates

Specific Form Considerations (your specific application may not include all forms identified in this section)

LOCATION FORM:

- TaxID must match the TaxID entered on your W9.
- Office Legal Name must match your name (as shown on your income tax return) in field 1 of your W9.
- If you have an NPI number (type 2) please enter, it can help with processing.
- Your 'Remittance/Billing Address' must match the address on your W9.
- Use only numbers for your office hours (8-5). If closed, please put 'Closed'.
- List all dentists in Section 4 that need to be added to the address on this application. You may also submit a separate attached roster.

CREDENTIALING APPLICATION:

- Any work history gaps in the past 5 years longer than 6 months requires an explanation in the field provided or attached separately.
- If you answer 'Yes' to any Professional Attestation Questions in Section 7, you must attach a written explanation (reasons, dates, settlement amounts, etc.) for each 'Yes' response.

Do you have a DEA Certificate in the state that you are applying? Yes No

*If you do not have a DEA Certificate in the state that you are applying to, you will need to fill out the DEA Waiver Form, if included within this packet.

FORM SUBMISSION:

When you have completed this application, please click the submit button to send your application to DenteMax for processing.



Please retain a copy of submitted documents for your records.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____		(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



PLEASE COMPLETE ALL ITEMS TO AVOID DELAYS IN PROCESSING

Dentemax contracts according to Tax ID Number (TIN). All doctors and locations associated with a participating TIN are considered to participate with Dentemax.

1) DENTAL OFFICE INFORMATION

TAX ID used for claims [] Tax ID Type [] EIN [] SSN Your Tax ID MUST MATCH Your W-9 Form [] Organization/Group NPI Number (Type 2) []

Office Legal Name (This Name MUST MATCH The Name Listed On The First Line Of Your W-9 Form) []

Office/Directory Name/Doing Business As (DBA) []

Owner's Name []

Phone Number []

Fax Number []

E-mail Address []

Website []

Contact Person: First Name []

Last Name []

2) ADDRESS INFORMATION

A. PHYSICAL LOCATION

Street Address []

2nd Address Line (Suite, Building) []

City []

State []

Zip []

B. REMITTANCE/BILLING (This Address Must MATCH Your W-9 Form) Is this the same as physical address? [] Yes [] No If No, complete the address below

Street Address []

2nd Address Line (Suite, Building) []

City []

State []

Zip []

C. MAILING Is this the same as physical address? [] Yes [] No If No, complete the address below

Street Address []

2nd Address Line (Suite, Building) []

City []

State []

Zip []

3) REQUIRED ADDITIONAL OFFICE INFORMATION

Table with columns: OFFICE HOURS, MON, TUE, WED, THUR, FRI, SAT, SUN

How is your office phone answered after hours? [] Service [] Voice Mail

Describe your emergency coverage: []

Office languages spoken other than English, please list: []

DenteMax Provider Service Agreement

This agreement is between DenteMax®, and the Provider, _____, a duly licensed dentist, or a recognized entity to provide dental services in the state(s) of _____.

DenteMax is the owner and manager of a Preferred Provider Network which gives Participants access to its Providers through various individual and/or group dental plans.

The Provider desires to perform dental services for the Participants of the DenteMax program. In consideration of the mutual promises contained herein, the parties agree as follows:

Definitions

Network shall mean Preferred Provider Network of dentists who, as Providers, have a contractual relationship with DenteMax to provide dental services under DenteMax established policies.

Provider shall be the owner of the tax identification number, or their duly authorized agent, and all other employees and/or independent practitioners of this entity who are licensed to practice dentistry in accordance with current state laws.

Payor shall mean an employer, administrator, insurance carrier, fund, individual or other entity who is responsible for the payment of the claim.

Participant shall mean persons, who through a dental plan with the Payor or by some other contractual relationship with DenteMax, are eligible to use the Network for dental care.

I. Responsibilities of Provider

1. Provider agrees to accept the current published DenteMax Fee Schedule, or the provider's usual fee if less, as full consideration for dental services provided to Participants. Provider agrees not to bill patient for the balance between the DenteMax fee and the provider's usual charge, if higher. The Participant may be responsible for plan limitations such as copayments, deductibles, and amounts exceeding the benefit maximums.
2. Provider agrees to treat DenteMax Participants as they would any other patient in their practice.
3. Provider is responsible for determining the eligibility and benefit coverage of the Participant.
4. Provider agrees to adhere to the guidelines established by the Payor for claims review and payment. Provider agrees to cooperate and furnish any material or information requested by the Payor or DenteMax required for claim payment and/or claim review.
5. Provider acknowledges that DenteMax is not liable for any payments due to the Provider including but not limited to the claim Payor or the Participant.
6. Provider agrees to accept and be responsible for his/her own acts or omissions in the professional practice of dentistry as well. Nothing in this agreement shall be interpreted or construed to place any such responsibility for professional acts or omissions on DenteMax.
7. Provider agrees to promptly notify DenteMax in writing of any change in status regarding licensure; insurance coverage or other material facts related to the information provided.

II. Responsibilities of DenteMax

1. DenteMax shall provide administrative and management duties in the development and maintenance of the Network.
2. DenteMax shall market its program to groups and individuals with the intent of obtaining Participants who may become patients of the Provider.
3. DenteMax is authorized to list information about the Provider in the DenteMax Provider directory, on the DenteMax website or other publications.
4. DenteMax shall have the right to amend this agreement by providing written notice. Failure of the Provider to reasonably object within thirty days of DenteMax sending the same shall constitute its acceptance.
5. DenteMax agrees to accept and be responsible for its own acts or omissions, as well as those of its employees, and nothing in this agreement shall be interpreted or construed to place any such responsibility onto the Provider.

III. General Provisions

1. This Agreement, the attached information sheets and dentist applications represent the entire agreement between the parties and supersedes all previous agreements, whether written or oral, between DenteMax and Provider.
2. Some states require certain contract provisions which are included by reference and in the attached Exhibit. If there is a conflict between provisions the state law shall take precedence.
3. This Agreement shall be effective when all providers have passed credentialing and are entered into the DenteMax

Provider Database. The effective date of these additions shall be the sooner of the 15th day or last day of the month in which the change is made. This Agreement shall remain in effect until terminated by written notice of either party, with or without cause. Provider termination will be effective the final day of the month in which they are received.

- 4. DenteMax and Provider agree that each party is independent from the other and that the provisions of this agreement do not create an employer/ employee, principal/agent, partnership, or joint venture relationship between the parties.
- 5. All notices, including but not limited to change of address and change of license status shall be submitted in writing and delivered either personally or by U.S. Mail postage prepaid to the address below or any new address supplied by the other party.
- 6. This Agreement may be assigned only by DenteMax.
- 7. This Agreement shall be governed by the laws of the State of Michigan.

Provider Signature _____

Date _____

Printed Name

TAX ID Number



Melissa Wagner, President/CEO

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800.752.1547 • Fax: 248.327.5299**

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