

Individual Practitioner Profile

Complete this form in its entirety and **email it to ProviderRelations@deltadentalva.com** or fax it to 540.491.9709.

			/
First Name	Middle Name	Last Name	Date of Birth
Other names use	ed, if applicable		
Degree			Gender (M/F)
Virginia Dental L	icense Number		
National Provide	er Identifier Number (NPI)		
Office Email Add	dress (please do not provid	le personal email addresses)
Number of years	s in practice		
Professional sch	ools attended		Year of graduation
Specialty progra	m completed		Year of graduation
Name of special	ty, if applicable		
Are you a Board	Certified specialist? ☐ Ye	es 🗆 No (Certificate is req	uired — please attach a copy)
Are you a Board	Eligible specialist? Yes	□ No (Certificate is requ	ired — please attach a copy)
		other than local anesthetic of ed — please attach a copy)	or nitrous oxide sedation?

▲ Delta Dental of Virginia | 4818 Starkey Road, Roanoke, VA 24018 | 800.367.3531 | DeltaDentalVA.com

CONTINUED ON NEXT PAGE



Delta Dental of Virginia welcomes providers' suggestions on how we might improve credentialing process. Call 800.367.3531, ext. 3328 to speak with a Provider Relation	
Signature Date	
I hereby certify that the information provided and the answers to the questions on the accurate and complete. I agree to immediately notify Delta Dental of Virginia in writing changes, including any changes to my professional liability insurance. I hereby give Expermission to request information from other entities regarding my professional creating qualifications. This release of information will not remain valid in the event the Partic Agreement is terminated.	ng of any Delta Dental dentials and
If you answered "yes" to questions one through seven, please provide dates, circum dispositions on a separate sheet of paper.	istances and
15. Do you routinely use a dental or medical consent form for treatment?	☐ Yes ☐ No
14. Do you take initial medical/dental history with periodic updates?	☐ Yes ☐ No
13. Does your office clean and heat sterilize high-speed, air-driven hand pieces and prophy angles after each patient?	□ Yes □ No
12. Does your office use infection control and barrier techniques according to CDC standards?	□ Yes □ No
11. If applicable, are your hospital privileges in good standing?	☐ Yes ☐ No
10. Are you eligible for DEA or CDS certification?	☐ Yes ☐ No
9. Do you now or have you ever had any sanctions against you by the Office of Inspector General (OIG), Medicare and/or Medicaid?	☐ Yes ☐ No
8. Do you have any mental or physical condition that results in an inability to perform the essential functions of your profession, with or without accommodation?	n 🗆 Yes 🗆 No
7. Have you ever had, or do you currently have, a chemical dependency or substance abuse condition?	□ Yes □ No
6. Have you ever been subject to peer review action?	☐ Yes ☐ No
5. Have you ever been disciplined by a state board of dental examiners or a misconduct board?	☐ Yes ☐ No
4. Have you ever been convicted of a criminal offense?	☐ Yes ☐ No
3. Has your DEA permit ever been denied, revoked, limited, suspended, or voluntarily relinquished?	□ Yes □ No
2. Has your professional license in any state ever been denied, revoked, limited, suspended, put on probation or voluntarily relinquished?	□ Yes □ No
Individual Practitioner Profile (Continued) 1. Have any malpractice claims or suits ever been filed against you?	☐ Yes ☐ No

▲ Delta Dental of Virginia | 4818 Starkey Road, Roanoke, VA 24018 | 800.367.3531 | DeltaDentalVA.com