

# Request to add or remove associates

## Add associates (one checklist per location type)

Facility name:	
Specialty type: <input type="checkbox"/> General <input type="checkbox"/> Endodontics <input type="checkbox"/> Oral Surgery <input type="checkbox"/> Periodontics <input type="checkbox"/> Orthodontics <input type="checkbox"/> Pediatric dentistry	
DeltaCare USA facility number (include correct specialty type facility number):	
Associate name:	License number:
Associate name:	License number:
Associate name:	License number:
<p>Credentials are required once every three (3) years and will only be processed if submitted within six (6) months prior to the doctor's credentialing expiration date. For credentialing status contact: <a href="mailto:providerconcerge@delta.org">providerconcerge@delta.org</a> or call: 800-592-0156.</p>	
<input type="checkbox"/> State mandated credentialing form (CO, MD, MO, OH, WV)	<input type="checkbox"/> DEA
<input type="checkbox"/> Board certificate (Specialist)	<input type="checkbox"/> General Anesthesia Permit (Specialist)
<input type="checkbox"/> Dentist license	<input type="checkbox"/> Malpractice

## Remove associates (one checklist per location type)

DeltaCare USA Facility Number:	
Associate name:	License number:
Associate name:	License number:
Associate name:	License number:
Reason for associate(s) removal:	

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_

Credentialing applications with missing information or required documents are considered incomplete and will be returned to your office for completion. Once completed, resubmit the request for processing.

Send all required documents, including this checklist, to Provider Data Management at: [NAC@delta.org](mailto:NAC@delta.org) or fax to: 770-642-3540.