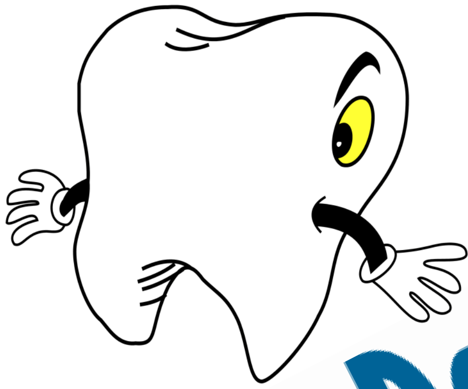


Savon Dental Plan®

America's Dental Plan

Fast Track Provider Add-on Packet

For use by existing centers only

(602)841-3494 • 1-800-809-3494 • Fax (602) 589-0417

Corporate Office: Phoenix, Arizona

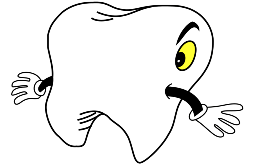
Mailing Address: PO Box 54277, Phoenix, AZ 85078

Website: www.SavonDentalPlan.com

Email: ProviderServices@SavonDentalPlan.com

Covers All Zones Dentist Add-On For Credentialed Centers

General_Dentist_Only_Fast_Track_08_2021



Savon Dental Plan

Credentialing Check List

Please make sure that you are submitting all of the following items.

For each provider please submit:

[ ] The COMPLETED one (1) page PROVIDER PROFILE

We only require numbers and expiration dates of the following items, we do not require copies of them.

[ ] PROFESSIONAL LIABILITY INSURANCE POLICY NUMBER AND EXPIRATION DATE

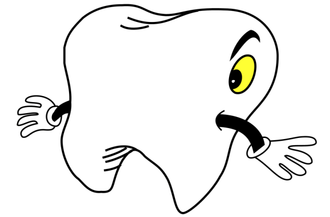
[ ] STATE DENTAL LICENSE NUMBER AND EXPIRATION DATE

[ ] DEA CERTIFICATE LICENSE NUMBER AND EXPIRATION DATE

Please Note: ***Please submit separate credentialing information for each provider at your facility.***

Copies of this page are permissible.

Provider Profile



(A separate profile is required for each provider)

Please type or print clearly - All information is required unless noted otherwise

What is your name?____ D.D.S. or D.M.D. Date of Birth______/______/________

Emergency or Cell Phone Number: (_______)________________ What is your EMAIL address?______________________________________

What Dental College did you graduate from?____ In What Year?___________

What is your License Number?________________________________ State:__________ When does it expire?_____/_____/20_______

Who is your Professional Liability Insurance Carrier? ____

What is your Policy Number?____ When does your policy expire?_____/_____/20_______

What is your D.E.A. Number?_______________________________________ When does it expire?_____/_____/20_______

What is the name of the practice? ____

Address:____City:_____________________________State:____________Zip:___________

Do you have any Dental Board problems that we should know about? [ ] Yes [ ] No (if yes; please use additional paper to explain)
NOTE: A yes answer to the above question DOES NOT automatically disqualify you from participation in our plan.

Skill comfort rating: On a scale of 0 -10

0- means that you DO NOT perform the procedure 10 - means that you DO perform the procedure including very difficult cases
With this in mind, please rate your comfort and skill level in the following fields:- (please circle one number for each field)

Orthodontics	0 1 2 3 4 5 6 7 8 9 10	Pedodontics	0 1 2 3 4 5 6 7 8 9 10
Endodontics	0 1 2 3 4 5 6 7 8 9 10	Prosthodontics	0 1 2 3 4 5 6 7 8 9 10
Oral Surgery	0 1 2 3 4 5 6 7 8 9 10	T.M.J.	0 1 2 3 4 5 6 7 8 9 10
Periodontics	0 1 2 3 4 5 6 7 8 9 10	Implants	0 1 2 3 4 5 6 7 8 9 10

Optional information: (for Savon Dental Plan's use in case of extreme emergency)

What is your Personal Mailing Address?____

City:_____________________________ State:_________ Zip Code:___________ Personal Phone Number? (______)______________________

All information in this profile is confidential and remains the property of Savon Professional Services, Inc., and Savon Dental Plan.®
No information contained herein may be released without the express written permission of the provider listed herein.