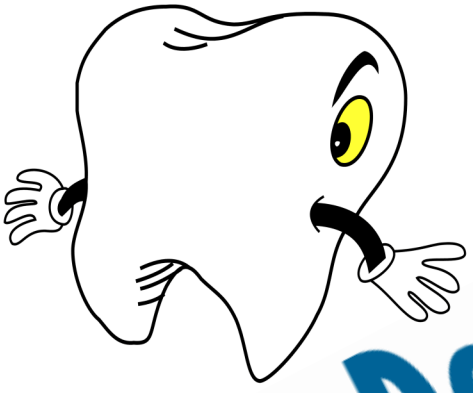

Savon Dental Plan®

America's Dental Plan

Fast Track Specialist Add-on Forms

All Zones For

Credentialed Centers

Specialist Only Add-on

(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

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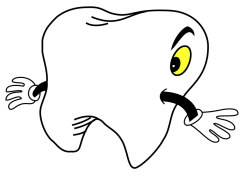


Credentialing Check List

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.

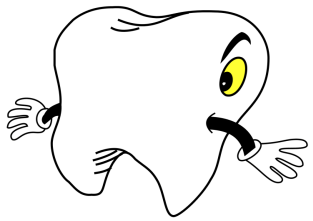
[ ] PROFESSIONAL LIABILITY INSURANCE POLICY NUMBER AND EXPIRATION DATE

[ ] 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.

Specialist 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 Dental School did you receive your specialty training?_____

Are you Board Certified? [] Yes [ ] No (if yes) What year were you certified?_____ In what State _____

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 your 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.

What is your area of Specialty? (Check all that apply)

[ ] Orthodontics [ ] Pedodontics [ ] Endodontics [ ] Prosthodontics

[ ] Oral Surgery [ ] T.M.J. [ ] Periodontics [ ] Implants

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? (_____)_____

Savon Dental Plan . P.O. Box 54277 . Phoenix, AZ 85078 . (602) 841-3494. (800) 809-3494 . Fax (602) 589-0417 . www.SavonDentalPlan.com