



MeritDent

NEVADA ELITE NETWORK
2801 W.Charleston Blvd.,101
Las Vegas, Nevada 89102
Phone:702-916-2866
Fax: 702-966-3760

Credentialing Information Form

Please ensure all fields are completed prior to submitting

Note: If you have additional office locations, copy this form and complete a Credentialing Information Form for each location

Dentist's Name:				Date:
Last:	First:	Middle:	Degree:	

Practice Name: <i>(Practice Name as appears on outside signage)</i>	Provider <input type="checkbox"/> Owner Type <input type="checkbox"/> Associate <input type="checkbox"/> Independent
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EIN/TIN Name:*(Business Name on IRS Documents)*

Business Phone:	Fax Number:
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Office Contact Name:	Specialty:
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Have you had any Board Actions or Stipulations in ANY state filed against you in the past five years? Yes No
If yes, please provide details of each case on a separate page.

***Physical Address**
Address
City **State** **9-Digit Zip**
(This will be displayed in the Provider Directory)

Office Hours		
Sunday	Open:	Closed:
Monday	Open:	Closed:
Tuesday	Open:	Closed:
Wednesday	Open:	Closed:
Thursday	Open:	Closed:
Friday	Open:	Closed:
Saturday	Open:	Closed:

***Mailing Address (if different than Physical Address)**
Address
City **State** **9-Digit Zip**
 Same as Physical Address

***Remit Address (Insurance Pay To Address)**
Address
City **State** **9-Digit Zip**
 Same as Physical Address *Same as Mailing Address*

Do you accept after hour emergencies? Yes No
Phone number to call for emergencies: _____

Website: _____

Email: _____

Primary Language (Other than English): _____

Secondary Language: _____

DENTIST SIGNATURE: _____

***Corporate/Management Address (if different from above)**
Address
City **State** **9-Digit Zip**
 Same as Remit Address *Same as Mailing Address*

- Wheelchair accessible Yes No
- I.V. Sedation Yes No
- General Anesthesia Yes No
- Nitrous Oxide Yes No