



MERITDENT LLC/NEVADA ELITE NETWORK

Practice Name

Date Submitted

Contact Person for Credentialing

Contact Phone Number

All of the following documents must be submitted to be credentialed as a provider:

- _____ *Completed Credentialing Information Form*
- _____ *Signed MeritDent Provider Agreement Addendum*
- _____ *Copy of non-restricted licenses and primary source verifications (various states, if applicable)*
- _____ *Copy of DEA License*
- _____ *Copy of Professional Liability (Malpractice) Policy*

We must receive the credentialing information by the 15th of each month for you to be effective the 1st of the following month. Please complete one packet for each provider per office. Please call our office at 702-916-2866 if you have questions or need additional information.

*Please fax or email your application to:
NEVADA ELITE NETWORK
Attention: Michele
Fax: (702) 966-3760
Email: meritdent@gmail.com*

Thank you for your application