

### Dental Enrollment Checklist

Please complete and return the following documents needed for the appointment of a new provider.

✓	Submit	Additional Instructions
	<b>Participating Provider Agreement for Dental Services</b>	Complete and sign the appropriate signature line on the cover page. Please return the original. Photocopies will not be accepted.
	<b>Form W-9</b>	Complete for the person/entity receiving claim payments.
	<b>Copy of New York State License</b>	Include a copy of the New York state license for each individual within the group.
	<b>Copy of Malpractice Certificate</b>	
	<b>Copy of DEA License</b>	Submit if applicable.
	<b>Voided Check</b>	Used for electronic funds transfer.

**Return all of the above documentation to:**

Excellus BlueCross BlueShield  
ATTN: Ancillary & Contracts Liaison  
12 Rhoads Drive  
Utica, NY 13502

**Please note:** If you are interested in using TESIA, call 1-800-724-7240 and select option 5 for registration.