



Dental Enrollment Checklist

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

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

Return all of the above documentation to:

Excellus BlueCross BlueShield
ATTN: Laura LePage, Provider Relations Representative
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.

If you have any contract questions, email Dental Provider Relations at ExcellusDentalEnrollment@excellus.com.