

Teachers Health Trust Dental Network

The Teachers Health Trust has developed its own PPO Dental Network for its members effective January 1, 2010.

Benefits of joining the Teachers Health Trust Dental Network:

- No fees to join
- Simple credentialing process
- Contract language applicable to the Teachers Health Trust

Participation in the Trust network is not automatic. Enclosed is an information form to be completed by your office to indicate whether you are or are not interested in participating in the Teachers Health Trust Dental Network.

- If you are interested and would like to receive a contract proposal, complete the form, marking the appropriate box, and return the interest form to the Trust either via facsimile at (702) 866-6121 or postal service at P.O. Box 96238, Las Vegas, Nevada 89193-6238, Attention: Provider Relations Department. Contract proposals and credentialing forms will be forwarded to you after your interest form is received.
- If you are not interested in participating in the network, please take the time to complete the information on the form and return it to the Trust. This will ensure that the Trust has the most up-to-date information on your practice.

If you have any questions or required additional information, please contact the Provider Relations Department at (702) 866-6120. You may also e-mail the Provider Relations Department at providerrelations@teachershealthtrust.org.



For Teachers By Teachers

TEACHERS HEALTH TRUST DENTAL PROVIDER INFORMATION / INTEREST FORM

*Copies of this form may be made if additional copies are required for your practice
Questions regarding this form should be submitted to providerrelations@teachershealthtrust.org.*

Provider TIN: _____		

Group/Practice Name (DBA)		

Name as identified by the IRS		
Names of All Providers in the Practice and their specialty. Please indicate which location each provider primarily works by listing the appropriate number from the physical location boxes below next to the provider's name (for example, John Smith, General Dentist 2).		
_____	_____	_____
Provider Name	Provider Specialty	Primary Physical Location #
_____	_____	_____
Provider Name	Provider Specialty	Primary Physical Location #
_____	_____	_____
Provider Name	Provider Specialty	Primary Physical Location #

Contact Information for Your Practice

Credentialing/Contract Information	Billing/Remit Address:
_____	_____
<i>Street Address</i>	<i>Street Address</i>
_____	_____
<i>City State Zip</i>	<i>City State Zip</i>
_____	_____
<i>Email Address</i>	<i>Phone Fax</i>
_____	_____
<i>Phone Fax</i>	Primary Contact: _____
Primary Contact: _____	Credentialing/Contract Packet <input type="checkbox"/> Email <input type="checkbox"/> Mail

Physical locations and phone numbers of ALL offices in your practice that are billing under the above listed Provider TIN

(If additional space is needed, you may copy this form or submit on a separate sheet of paper)

1. Address _____

Phone _____

2. Address _____

Phone _____

3. Address _____

Phone _____

4. Address _____

Phone _____

- I am interested** in contracting directly with Teachers Health Trust. Please send me a contract proposal and credentialing form.
- I am NOT interested** in contracting directly with the Teachers Health Trust. I understand that Teachers Health Trust will not utilize Diversified Dentals network as of January 1, 2010. If I do not contract with Teachers Health Trust directly, I will no longer be a network provider for teachers.

Printed Name of Person Preparing this Form

Signature

Date