

Network Provider Application Checklist



To ensure your _____ application is processed as quickly as possible, please include the following items. They can be emailed to providerrelations@ameritas.com, faxed to 402-467-7339, or mailed in the enclosed postage-paid envelope.

General dentists

- ☐ Completed and signed Network Application
- ☐ Completed and signed Network Agreement
- ☐ Current copy of Dental License
- ☐ Current copy of Federal DEA Certificate
- ☐ Current copy of Professional Malpractice Liability Certificate of Insurance

Specialists, including orthodontists

- ☐ Completed and signed Network Application
- ☐ Completed and signed Network Agreement
- ☐ Current copy of Dental License
- ☐ Current copy of Federal DEA Certificate
- ☐ Current copy of Specialty License, diploma, certificate or permit or other highest education documents
- ☐ Current copy of Professional Malpractice Liability Certificate of Insurance



Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of New York

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