

# Dental Provider Application Instructions

Please complete this form in full. If a section does not apply to your practice, simply indicate N/A in that area. If a section is not filled in, the application will be considered incomplete.

- If you aren't yet registered for CAQH ProView™, you can do so at <https://proview.caqh.org>. If you've already registered for CAQH and have completed your profile, you should update your provider information and then authorize CareFirst to access your profile.
- If a provider is new to a practice, but is currently participating in another office, the provider must contact dental provider networks & credentialing at **443-921-0676** for information on what is required to be set up with the new group.
- Be sure to include all required documentation (refer to **Required Documents for Dental Credentialing**, available online at [carefirst.com/dentalcredentialing](https://carefirst.com/dentalcredentialing)) and ensure dated material is current and not due to expire within the next 30 days.
- Complete a **Dental Billing Authorization Form** or **Dental Practice Questionnaire** for each practitioner in the office. You can download them on [carefirst.com/dentalcredentialing](https://carefirst.com/dentalcredentialing).



*Please contact dental provider contracting at 443-921-0676 or email [dentalcontracting@carefirst.com](mailto:dentalcontracting@carefirst.com) if you have any questions.*

