THE COLORADO MEDICAL ASSISTANCE PROGRAM

Provider Services
P.O. Box 1100
Denver, CO 80201-1100

1-800-237-0757
Fax: 303-534-0439

Provider Enrollment Application Check List and Instructions for a

Dental Clinic

(Standard Provider Application for Direct Pay Enrollment.)

A clinic focusing on dental services.

Dental clinic ownership must be owned by one of the following entities:

- *a licensed dentist or dental hygienist (in state dental clinic owners must have a current/active/valid Colorado dental or dental hygienist license)*
- *a political subdivision – such as a county*
- *a non-profit corporation – a copy of the Certificate of Good Standing issued by the Colorado Secretary of State must be included*

Must have at least one Medical Assistance Program enrolled, licensed dentist or dental hygienist affiliated with each clinic.

The documents listed below are required and must be submitted with the application.

☐	**Completed Electronic Funds Transfer (EFT) Form** – The legal business name on this form must match exactly with the name on file with the IRS. The address on this form must match one of the addresses listed in the application. This form must be completed using the employer identification number assigned to the business.
☐	**Completed W-9 Form** – The legal business name on this form must match exactly with the name on file with the IRS. The address on this form must match one of the addresses listed in the application. This form must be completed using the employer identification number assigned to the business.
☐	**Completed Affiliation Information (Page 12) -** Must list all the rendering individuals the clinic will submit claims for.
☐	**Completed Provider Disclosures Page (Section 19 of the Application) –** The 'Legal Name & Business Category' area must be completed in its entirety. Please list those who have an ownership interest equal to, or more than five percent, or list the officers, directors, and partners of the disclosing entity and their relationship to each other. Entering N/A is not acceptable and will require resubmission of the completed area prior to approval.
☐	**Other** – Attach a copy of the owner's license from the Board of Dental Examiners that shows both the effective date and expiration date, if the owner is in state and a licensed dentist or dental hygienist. **-OR-** A copy of the Certificate of Good Standing issued by the Colorado Secretary of State for a non-profit corporation. The non-profit corporation must be in good standing.