CENTENE™
DENTAL SERVICES

STATEMENT OF INPATIENT ADMISSION COVERAGE

COMPLETION OF THIS FORM IS REQUIRED IF PROVIDER/GROUP DOES NOT HAVE ADMITTING PRIVILEGES

Individual Providers (if this statement applies to more than one provider, do not list providers here):

Provider Name: ______________________________________ **NPI:_____________________________**

Provider Groups (list provider names and NPIs below):

Practice Name: ______________________________________ **Tax ID:___________________________**

To be considered for panel participation with Centene Dental Services (Centene Dental) an applicant that does not have hospital staff privileges must refer patients to a provider with admitting privileges or a participating facility.

I acknowledge that I have the responsibility to notify Centene Dental of any hospital privilege change.

____ ____________________

PREPARED BY (PRINT) **DATE**

____

SIGNATURE

Submit this form with credentialing or recredentialing materials to Centene Dental's Credentialing Department:

- **Fax Number**: 844-847-9807
- **Email**: dentalcredentialing@centene.com

Provider Groups: List provider names and National Provider Identifier (NPI) associated with this statement below.

Name: ____ NPI:_____________________________

Name: ____ NPI:_____________________________

Name: ____ NPI:_____________________________

Name: ____ NPI:_____________________________

Name: ____ NPI:_____________________________

Name: ____ NPI:_____________________________

Name: ____ NPI:_____________________________

Name: ____ NPI:_____________________________

Name: ____ NPI:_____________________________

Centene Dental Services does not exert economic pressure to persuade institutions to grant privileges that would not otherwise be granted or pressure health care providers/institutions to render care beyond the scope of their training or experience.