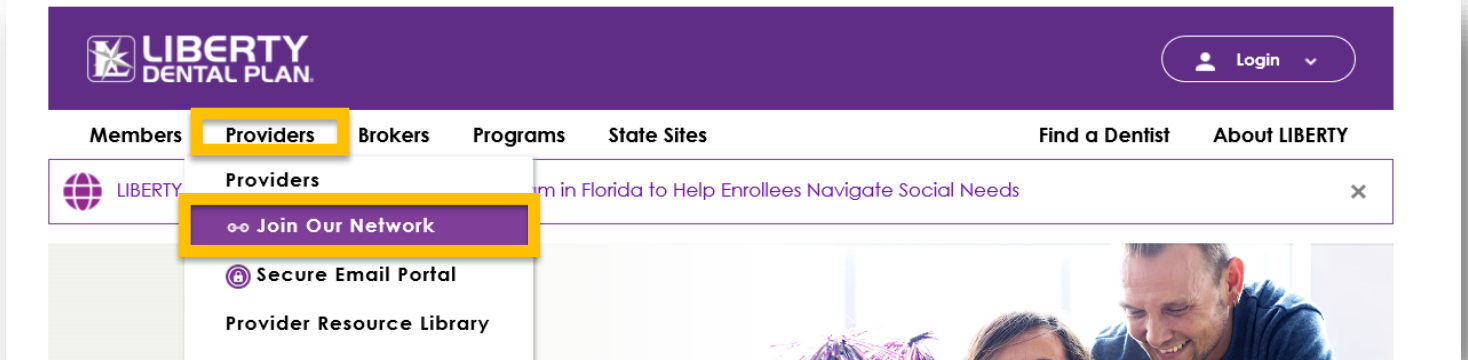
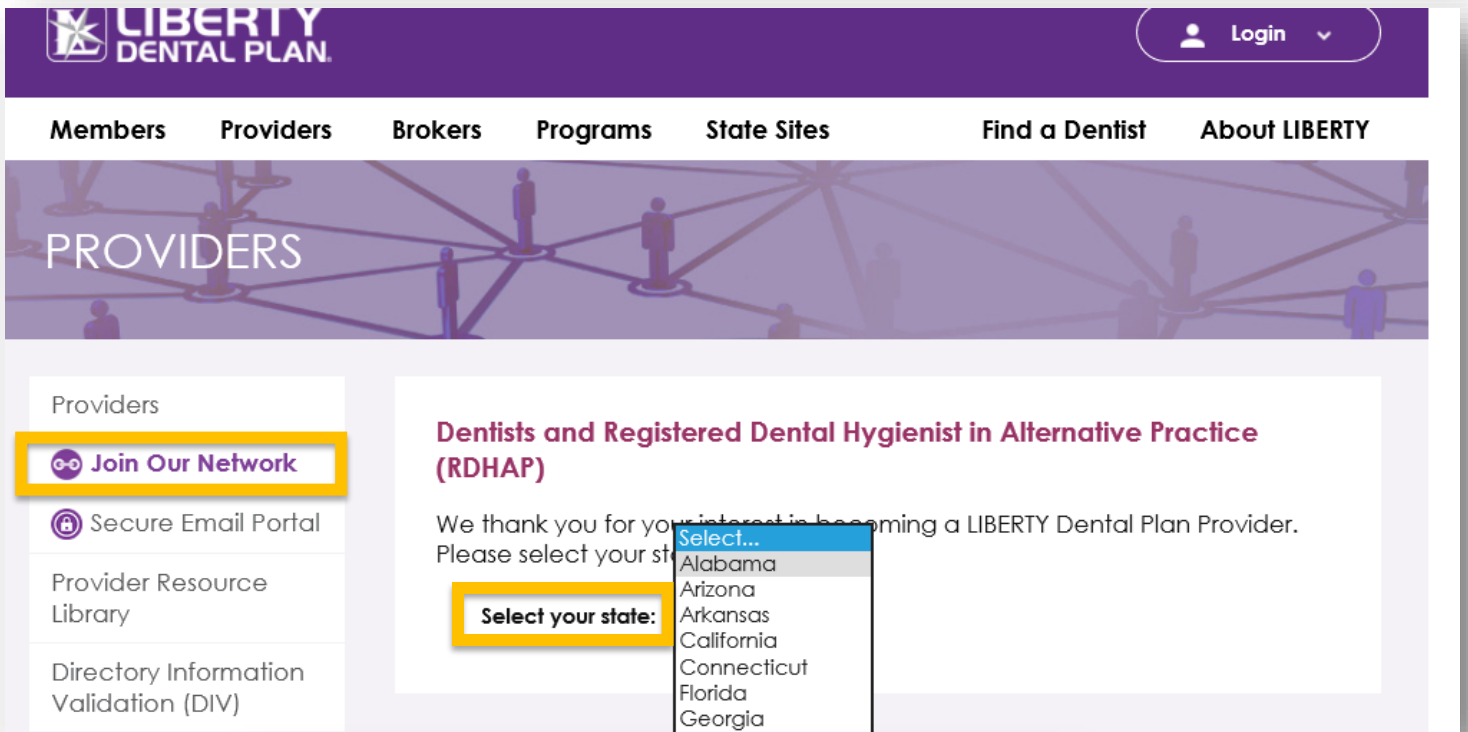


STEP 1 – Go to www.libertydentalplan.com, click on *Providers* and Select “Join our Network”



STEP 2 – Select your state



STEP 3 – Answer preliminary questions

Before You Begin

Please provide the following information:

1. Is the dentist you want to enroll currently a LIBERTY provider?
 Yes No/Unsure
If you are unsure, please call (888) 352-7924
2. Do you have a currently attested CAQH provider ID?
 Yes No
3. Documents you'll need before you can complete your application:
 - Copy of your Dental License
 - Copy of your DEA Certificate
 - Copy of your Malpractice/Tort Insurance Certificate

STEP 3a – Credentialing Question

Answer “Yes” to Question 1 if the dentist you’re enrolling is already

1. Is the dentist you want to enroll currently a LIBERTY provider?
 Yes No/Unsure
If you are unsure, please call (888) 352-7924

credentialed with LIBERTY Dental Plan. Selecting "Yes" to this Question will allow you to bypass the credentialing portion of the online enrollment application.

Answer "No/Unsure" to Question 1 if the dentist you're enrolling is not already credentialed with LIBERTY Dental Plan or if you're unsure if they're already credentialed. Selecting "No" to this Question will prompt you to complete the credentialing application as part of your enrollment process if you do not check "Yes" to Question #5.

STEP 3b – CAQH Question

Answer "Yes" to Question 2 if the provider you're enrolling has a CAQH Provider ID that has up-to-date attestations. Selecting "Yes" to this Question will prompt you to enter the provider's CAQH ID. Once the user enters a CAQH ID and clicks "Continue," go to Step 6.

Answer "No" to Question 2 if the provider you're enrolling DOES NOT have a CAQH Provider ID that has up-to-date attestations. Selecting "No" to this Question will prompt you to complete the credentialing application as part of your enrollment process. Go to Step 7

STEP 3c – CAQH Form

Complete the CAQH Form with the required (*) information and click .

Doing this will allow the credentialing application portion of the enrollment process to be bypassed once you enter your CAQH information. (Please ensure that the provider's attestations are current (within the last 90-days) and that LIBERTY Dental Plan is authorized to access the application.

1. Is the dentist you want to enroll currently a LIBERTY provider?

Yes No/Unsure

If you are unsure, please call (888) 352-7924

2. Do you have a currently attested CAQH provider ID?

Yes No

CAQH Provider ID *
123456

Please be sure your information is current and your application is eith

2. Do you have a currently attested CAQH provider ID?

Yes No

CAQH Email Form

Welcome to LIBERTY Dental Plan! Let's get started.

Please provide the following information:

Location Info:		
State Alabama		
Office Info:		
Office Name * TEST ABC DENTAL	Email * bmajor@libertydentalplan.com	Contact Person * TEST CAQH
Office Address * 123 TEST Street	Suite/Unit #	City * Mobile
State * Alabama	ZIP Code * 36607 <small>Format: 'xxxxxx' or 'xxxxxx-xxxx'.</small>	County Mobile

How do I ensure that LIBERTY is able to access my CAQH application?

In order for LIBERTY to access your CAQH application, practitioners will need to authorize our healthcare organization to acquire your information.

Please visit CAQH's website: <https://proview.caqh.org/Login?Type=PR> to update your authorization selection. Click "Authorize" from the top navigation menu.

The screenshot shows the CAQH ProView interface. At the top, there is a navigation bar with 'HOME', 'PROFILE DATA', 'DOCUMENTS', and 'AUTHORIZE'. A red arrow points to the 'AUTHORIZE' button. Below the navigation bar is a 'Welcome' section with a 'REVIEW & ATTEST' button. The main content area is titled 'AUTHORIZATION SETTING' and contains a question: 'When a healthcare organization subscribes to your data, should CAQH automatically authorize access?'. Two options are provided: 'Yes. Release my data to any organization that requests access.' (marked as 'RECOMMENDED' with a green checkmark) and 'No. Ask me to review each organization's request.' Below the options is a checkbox for authorization and a 'SAVE' button. A red arrow on the left points to the 'AUTHORIZATION SETTING' tab in the left sidebar.

Under the section "Authorization Setting" select from one of the two options available

- "Yes. Release my data to any organization that requests access" (**recommended**)
- "No. Ask me to review each organization's request"

Agree to the authorization and click "Save"

You may also allow "global" authorization or "individually" grant access

- Global - allows access to all healthcare organizations that indicate to CAQH that you are an affiliated provider or in the process of becoming an affiliated provider.
- Individually – allows access to healthcare organizations that you specify

STEP 7 – Before You Begin Questions

Ensure that you have a copy of your Dental License*, DEA Certificate*, and Malpractice/Tort (Liability) Insurance Declaration Page*

Once you have all the documents you need, click [Continue](#) to start the enrollment process.

3. Documents you'll need before you can complete your application:

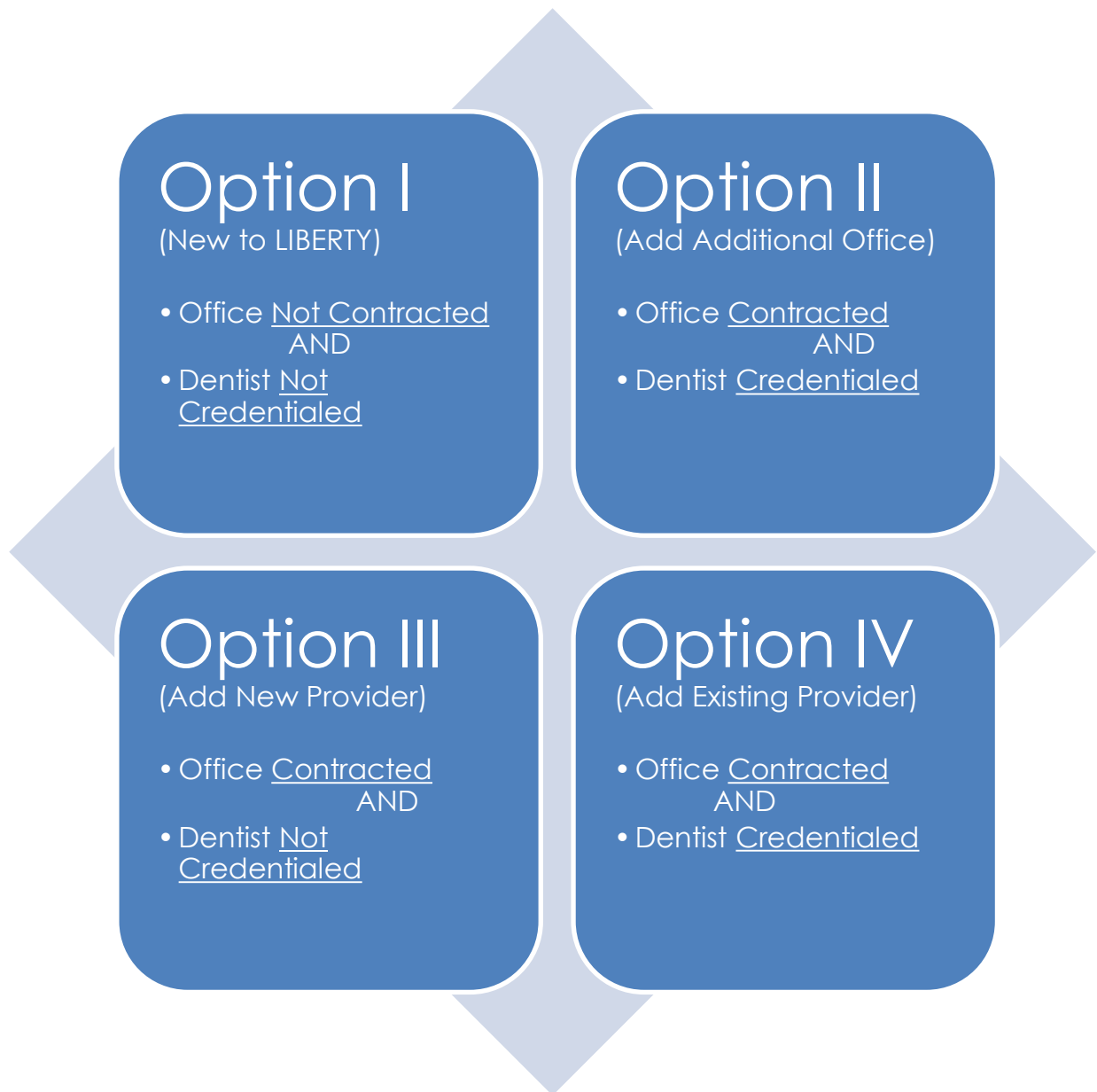
- ✓ Copy of your Dental License
- ✓ Copy of your DEA Certificate
- ✓ Copy of your Malpractice/Tort Insurance Certificate

Please Note: If any of the documents listed above are set to expire within **60 days from the date of enrollment, please ensure that the updated documents are forwarded to the appropriate network manager once renewed.*

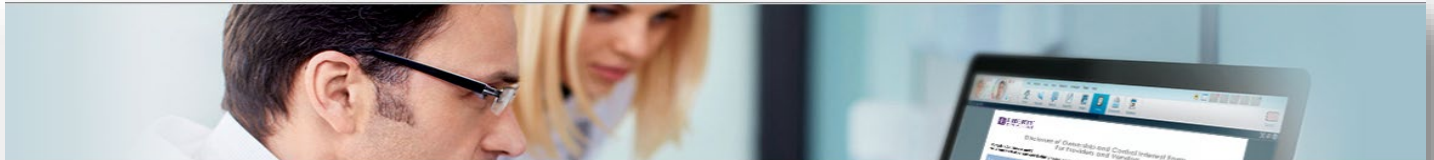
STEP 8 – Select the Appropriate Option

Once an account is created, the user will need to select one of four options to begin enrollment. Each option is based on whether the office is contracted and the provider that you want to enroll is credentialed.

Please use the following key to determine which Option is right for your situation. Please note that LIBERTY Dental Plan requires that each office location is contracted with LIBERTY. If you're adding a new office location AND the dentist you're enrolling for that office is not currently credentialed with LIBERTY, please select Option I.



OPTION I - New to LIBERTY



Choose One Option Below

I

New to LIBERTY

Add a new office to LIBERTY Dental Plan. Your dentists or hygienists* are new to LIBERTY

Choose Option 1

II

Add an Additional Office

Add an additional office to LIBERTY Dental Plan. Your dentists or hygienists* are currently practicing at another LIBERTY contracted office

Choose Option 2

III

Add a New Provider

Add a new dentist or hygienist* to your office. Your office is already contracted with LIBERTY

Choose Option 3

IV

Add an Existing Provider

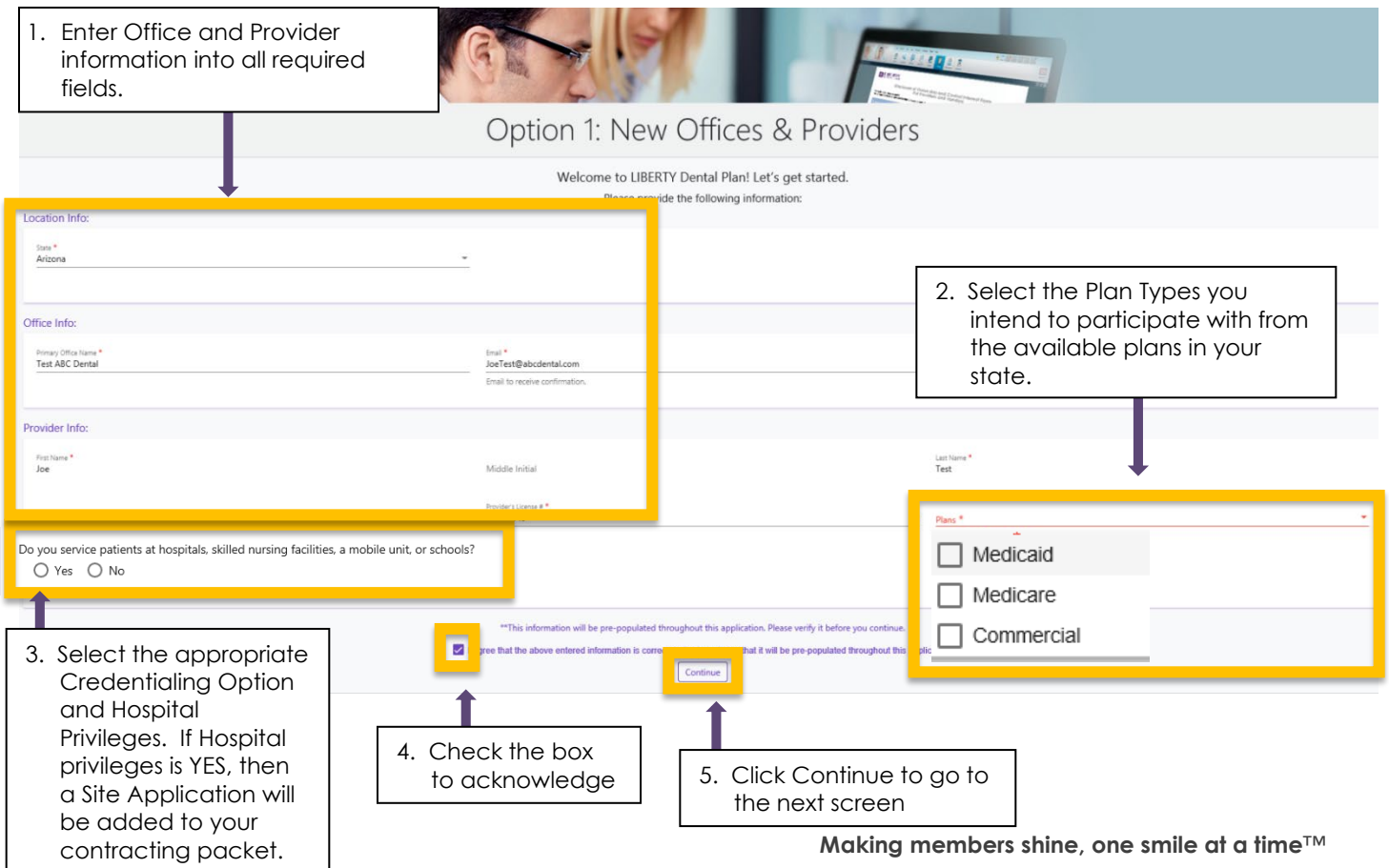
Add a dentist or hygienist* that currently practices at another LIBERTY contracted office to your office. Your office is contracted with LIBERTY

Choose Option 4

If you need assistance with the above choices, please call us at 888-352-7924.

* Hygienists are only for California and Florida

New to LIBERTY - Screen 1



Option 1: New Offices & Providers

Welcome to LIBERTY Dental Plan! Let's get started.
Please provide the following information:

1. Enter Office and Provider information into all required fields.
2. Select the Plan Types you intend to participate with from the available plans in your state.
3. Select the appropriate Credentialing Option and Hospital Privileges. If Hospital privileges is YES, then a Site Application will be added to your contracting packet.
4. Check the box to acknowledge
5. Click Continue to go to the next screen

Location Info:
State *
Arizona

Office Info:
Primary Office Name *
Test ABC Dental
Email *
JoeTest@abcdental.com
Email to receive confirmation.

Provider Info:
First Name *
Joe
Middle Initial
Last Name *
Test

Plans *
 Medicaid
 Medicare
 Commercial

Do you service patients at hospitals, skilled nursing facilities, a mobile unit, or schools?
 Yes No

I agree that the above entered information is correct and that it will be pre-populated throughout this application. Please verify it before you continue.

Continue

Making members shine, one smile at a time™

New to LIBERTY - Screen 2: Congratulations...You Created an Account!

Notes for Completing the Application:

1. Click each section in the left navigation panel to fill out the corresponding details.
2. All sections marked with * are required.
3. As you begin a section, you will see the following:
 - 🟡 indicates a section has been started but is not yet complete.
 - ✅ indicates a section is complete.
4. The Upload, Review & Sign Documents section at the bottom is where you will upload your supporting documentation and also sign the contracting documents.
5. If you experience any technical difficulties please send an email to PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924.

Please review all pre-populated fields for accuracy.

General Information

Code: 4514044-4400-4400-9900-100ab0a0c10

State: AZ - Arizona
 Email: JoeTest@abcdental.com
 Phone #: -
 Status: Created
 Type: POE - Provider Online Enrollment
 Scenario: ES 1.1 - New To LIBERTY

Test ABC Dental
 Joe
 Text
 DN-12345

Plans: Medicare, Commercial
 Servicing patients at hospitals, skilled nursing facilities, a mobile unit, or schools?: Yes
 Is LIBERTY provider?: Yes
 Is credentialed with LIBERTY?: -
 Has CRAQH #?: No
 Comments: -

Info: An account has been created. Please refer to the email on file for further details. [Close]

New to Liberty - Screen 3: Provider Enrollment Overview

Provider Online Enrollment

- General Information
- Provider Credentialing Application *
- Provider Agreement *
- Facility Application * ?
- Medicare Addendum *
- W9 *
- Site Application
- CMS Attestation
- Provider Authorized Signatory Form ?
- Electronic Fund Transfer (EFT) ?
- Upload, Review & Sign Documents

Items with asterisks (*) are required. You will not be able to proceed until this information is complete.

If you hover around this icon, descriptive information will be displayed.

You may opt out of filling out optional forms by clicking on this icon **Opt Out**

Once everything has been completed, click here to be directed to where you can Upload, Review and Sign the documents you just completed.

PLEASE NOTE:
 This form is optional and only required if the Owner/CEO chooses to designate another person to legally sign on their behalf.
This form must be signed by the Owner/CEO.

HELPFUL HINTS TO EASY ENROLLMENT

1. **Provider Credentialing Application** – Everything entered in this section should pertain to the dentist that you want to credential with LIBERTY. Please ensure that
 - a. All required fields marked with an * are populated with the correct information. As you answer questions, you may be prompted to enter additional information that is only required if you answer “Yes.”
 - b. All Expiration Dates in the **Licensure and Liability section** are up to date for at least 60 days.
 - c. You include the required number of years work history in the **Employment section** of the application. The online application tool cannot currently tell if the data you entered meets the criteria so please ensure to follow the instructions closely in this section.
 - d. Complete the **Attestation Section** and include an explanation for any questions that you answer “Yes”
2. **Provider Agreement** – Everything entered in this section should pertain to the IRS tax entity that will be listed on the contract with LIBERTY Dental Plan
 - a. Select the appropriate Office Type for the contracting Entity
 - b. Review the information that auto populated in the **Authorized Signatories** section. This section identifies the person authorized to sign on behalf of the contracting entity.
3. **Facility Application** – Everything entered in this section should pertain to the office location(s) associated with the contracted entity. Please complete all required fields. Make sure to click “Save and Continue” after each section.
4. **Medicare Addendum** – If you selected Medicare as one of the Plans you want to enroll with, you will be prompted to review the information in this section for accuracy and click Save and Continue”.
5. **Medicaid Addendum** – If you selected Medicaid as one of the Plans you want to enroll with, you will be prompted to review the information in this section for accuracy and click Save and Continue”.
6. **W9** – Everything entered in this section should pertain to the IRS Tax entity that will be receiving payments for covered services rendered under your contract with LIBERTY Dental Plan. Carefully complete all required fields in this section paying close attention to details. Incorrect information in this section can cause delays in payment and/or errors with your 1099. Please consult with a tax professional (CPA) if you have any questions on this section.
7. **Site Application** – A Site Application is optional and only required if the dentist intends to perform covered services in any outside of a standard office setting, such as a hospital, mobile unit, school-based program, skilled nursing facility or an ambulatory surgical center.
 - a. Click all the site types that may apply
 - b. Include each address where services will be performed in the Site Demographics
 - c. Specify the mailing address
8. **CMS Attestation** – The CMS Attestation is optional unless the provider(s) is/are participating in programs regulated by the Centers for Medicare & Medicaid Services. This form expresses the provider’s intent to adhere to CMS regulations.
9. **Provider Authorized Signatory** – Optional form signed by the CEO/Owner delegating another employee (i.e. Office Manager, Management Company Contact, etc.) to sign enrollment documents on their behalf. Please OPT OUT of this form if you do not intend to authorize another signer.
10. **Electronic Fund Transfer (EFT)** – Optional form that provides the banking information needed to set up direct deposit for payments rendered. Complete all required fields and make sure to check the authorization box on the Authorization page before clicking “Save And Continue”.
11. **Upload, Review & Sign Documents** – This page will list all of the documents that you’ve completed and allows you to upload documents in multiple formats to support your applications. Some documents are required for all applications such as a copy of the dentist’s dental license and others are only required if certain forms are completed such as the EFT form. In addition to required forms, providers should submit a copy of their updated resume/CV and a letter of explanation for any gaps in work history.

New to Liberty - SCREEN 4: Upload, review and sign documents

1. Review summary to ensure all required documents are attached

2. Click "Browse" to add copies of the required documents that are saved on your computer

3. Click "Add" to add a document that's not on the list (i.e. Letter of Explanation, Resume/CV, etc.)

4. Click "Sign & Submit Application"

If you need assistance, please email us at PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924.

New to Liberty - SCREEN 5: Review and Sign – Once you sign and submit your application above, a copy of your contract will be displayed for your review and signature. Each form requiring a signature or initial will have a yellow flag. Click on any yellow flag to adopt your electronic signature. Then continue to click on each signature/initials flag to complete signing the documents.

1. Click "Sign" to Adopt an electronic Signature

2. Name and Initials should auto-populate data that was already entered.

3. Click "Adopt and Sign"

OPTION II – Adding a New Location

Choose One Option Below

- I**
New to LIBERTY
Add a new office to LIBERTY Dental Plan. Your dentists or hygienists* are new to LIBERTY
Choose Option 1
- II**
Add an Additional Office
Add an additional office to LIBERTY Dental Plan. Your dentists or hygienists* are currently practicing at another LIBERTY contracted office
Choose Option 2
- III**
Add a New Provider
Add a new dentist or hygienist* to your office. Your office is already contracted with LIBERTY
Choose Option 3
- IV**
Add an Existing Provider
Add a dentist or hygienist* that currently practices at another LIBERTY contracted office to your office. Your office is contracted with LIBERTY
Choose Option 4

If you need assistance with the above choices, please call us at 888-352-7924.

* Hygienists are only for California and Florida

Adding a Location - SCREEN 1: Enter Office and Provider information

Option 2: Established Office
Adding a New Location

Welcome to LIBERTY Dental Plan! Let's get started.
Please provide the following information:

1. Enter Office and Provider information into all required fields

2. Select the Plan Types you intend to participate with from the available plans in your state.

3. Select the appropriate Credentialing Option and Hospital Privileges. If Hospital privileges is YES, then a Site Application will be added to your contracting packet.

4. Check the box to acknowledge

5. Click Continue to go to the next screen

Location Info:
Arizona

Office Info:
Primary Office Name *
Test ABC Dental
Email (to receive confirmation) *
JoeTest@abcdental.com

Provider Info:
First Name *
Joe
Middle Initial

Provider's License # *

Choose one option below:
 The provider I am adding is credentialed with LIBERTY The provider I am adding is NOT credentialed with LIBERTY

Do you service patients at hospitals, skilled nursing facilities, a mobile unit, or schools?
 Yes No

Last Name *
Test
 Medicaid
 Medicare
 Commercial
Choose all plans that you want to participate in.

I agree that the above entered information is correct and acknowledge that it will be pre-populated throughout this application.

Continue

**This information will be pre-populated throughout this application. Please verify it before you continue.

Adding a Location – SCREEN 2: Selecting this choice will limit the process to completing Contracting information for the location you're adding. All credentialing documents will be removed from the process. [Follow Helpful Hints listed for instructions in Option I.](#)

☰
LIBERTY DENTAL PLAN

Provider Online Enrollment

- General Information
- Provider Agreement *
- Facility Application * ?
- Medicare Addendum *
- W9 *
- Site Application
- CMS Attestation
- Provider Authorized Signatory Form ?
- Electronic Fund Transfer (EFT) ?
- Upload, Review & Sign Documents

Notes for Completing the Application:


1. Click each section in the left navigation panel to fill out the corresponding details.
2. All sections marked with * are required.
3. As you begin a section, you will see the following:
 - 🟡 indicates a section has been started but is not yet complete.
 - 🟢 indicates a section is complete.
4. The Upload, Review & Sign Documents section at the bottom is where you will upload your supporting documentation and also sign the contracting documents.
5. If you experience any technical difficulties please send an email to PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924.

🟡 Please review all pre-populated fields for accuracy.

General Information			
Code	ee968cbb-e6ca-40e2-af92-4e540ee0ff47	Office Name	Test ABC Dental
		Is Existing Office	-
State	AZ - Arizona	Provider First Name	Joe
Email	JoeTest@abodental.com	Provider Middle Name	-
Phone #	-	Provider Last Name	Test
Status	Created	Provider Suffix Name	-
Type	POE - Provider Online Enrollment	Provider License Number	DN-12345
Scenario	ES2.1 - Add a New Office With and Existing, Credentialed Liberty Provider		

Plans	Medicare, Commercial,
Servicing patients at hospitals, skilled nursing facilities, a mobile unit, or schools?	Yes
Is LIBERTY provider?	Yes
Is credentialed with LIBERTY?	Yes
Has CAQH #?	No
Comments	-

OPTION III – Add a New Provider



Choose One Option Below

I

New to LIBERTY

Add a new office to LIBERTY Dental Plan. Your dentists or hygienists* are new to LIBERTY

Choose Option 1

II

Add an Additional Office

Add an additional office to LIBERTY Dental Plan. Your dentists or hygienists* are currently practicing at another LIBERTY contracted office

Choose Option 2

III

Add a New Provider

Add a new dentist or hygienist* to your office. Your office is already contracted with LIBERTY

Choose Option 3

IV

Add an Existing Provider

Add a dentist or hygienist* that currently practices at another LIBERTY contracted office to your office. Your office is contracted with LIBERTY

Choose Option 4

If you need assistance with the above choices, please call us at 888-352-7924.

* Hygienists are only for California and Florida

Adding a New Provider – SCREEN 1: Complete the required fields in the Office and Provider Info sections.

2. Enter Office and Provider information into all required fields

3. Check the box to acknowledge

4. Click Continue to go to the next screen

Adding a New Provider – SCREEN 2: Selecting this choice will limit the process to completing Credentialed information for the dentist you're adding. All contracting documents are removed from the process. [Follow Helpful Hints listed for instructions in Option 1.](#)

Provider Online Enrollment

General Information

- Provider Credentialing Application
- Personal Demographics
- Office Demographics**
- Tax Identification
- Education
- Sedation
- Licensure & Liability
- Employment
- Attestation

Notes for Completing the Application:

- Click each section in the left navigation panel to fill out the corresponding details.
- All sections marked with * are required.
- As you begin a section, you will see the following:
 - 🟡 indicates a section has been started but is not yet complete.
 - ✅ indicates a section is complete.
- The Upload, Review & Sign Documents section at the bottom is where you will upload your supporting documentation and also sign the contracting documents.
- If you experience any technical difficulties please send an email to PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924.

Please review all pre-populated fields for accuracy.

Personal Demographics:

First Name * Last Name * Date Of Birth *
 Format: MM/DD/YYYY

Gender Male Female Provider Type Owner Associate

Provider Degree DDS DMD Other

CACH Application #

OPTION IV – Add an Existing Provider

Choose One Option Below

I
New to LIBERTY
Add a new office to LIBERTY Dental Plan. Your dentists or hygienists* are new to LIBERTY
Choose Option 1

II
Add an Additional Office
Add an additional office to LIBERTY Dental Plan. Your dentists or hygienists* are currently practicing at another LIBERTY contracted office
Choose Option 2

III
Add a New Provider
Add a new dentist or hygienist* to your office. Your office is already contracted with LIBERTY
Choose Option 3

IV
Add an Existing Provider
Add a dentist or hygienist* that currently practices at another LIBERTY contracted office to your office. Your office is contracted with LIBERTY
Choose Option 4

If you need assistance with the above choices, please call us at 888-352-7924.

* Hygienists are only for California and Florida

Add an Existing Provider - Screen 1: Once the question below is answered, you will get one of two responses

Option 4: Established Office
Adding Already Credentialed LIBERTY Provider

Welcome to LIBERTY Dental Plan! Let's get started.
Please provide the following information:

1. Is the dentist you want to enroll currently a LIBERTY provider?
 Yes No/Unsure
If you are unsure, please call (888) 352-7924

1. Answer the prompted question

Add an Existing Provider - Screen 2a: "No/Unsure" answers will display the following screen

Option 4: Established Office
Adding Already Credentialed LIBERTY Provider

Welcome to LIBERTY Dental Plan! Let's get started.
Please provide the following information:

1. Is the dentist you want to enroll currently a LIBERTY provider?
 Yes No/Unsure
If you are unsure, please call (888) 352-7924

1. Selecting "No/Unsure" is not consistent with Option IV (Adding Already Credentialed Provider).

No/Unsure
If associate is not already credentialed or you are unsure, please call (888) 352-7924.
Close

2. Click "Close"

Add an Existing Provider - Screen2b:

1. Click on the "Back" button to return to the "Before You Begin" Questions.
 2. Answer the "No/Unsure" to Question 1.
 3. Go to the Options Page
 4. Select Option II

Option 4: Established Office
 Adding Already Credentialed LIBERTY Provider

Welcome to LIBERTY Dental Plan! Let's get started.
 Please provide the following information:

Is the dentist you want to enroll currently a LIBERTY provider?
 Yes No/Unsure
 If you are unsure, please call (888) 352-7924

Continue

Add an Existing Provider - Screen 2c: Selecting Yes will automatically prompt you to enter the Office and Provider Information

Option 4: Established Office
 Adding Already Credentialed LIBERTY Provider

Welcome to LIBERTY Dental Plan! Let's get started.
 Please provide the following information:

Is the dentist you want to enroll currently a LIBERTY provider?
 Yes No/Unsure
 If you are unsure, please call (888) 352-7924

1. Check "Yes" to add a credentialed provider to a contracted office.

Location Info:
 State: Alabama

Office Info:
 Primary Office Name: Test ABC Dental
 Email for mobile notification: JoeTest@abcdental.com
 Contact Person: Joe Test
 Office Address: 123 Main Street
 Suite/Unit #: Ta
 City: Mobile
 State: Alabama
 ZIP Code: 36525
 County: Mobile

Provider Info:
 First Name: Joe
 Middle Initial: -
 Last Name: Test
 Suffix: -
 Provider's License #: DN-12345

2. Enter Office and Provider information into all required fields

3. Click Continue to go to the next screen

Continue

Add an Existing Provider - Screen 3: General Information

1. Review the General Information section to ensure that the data you entered is correct.

Provider Online Enrollment

General Information

Notes for Completing the Application:
 1. Click each section in the left navigation panel to fill out the corresponding details.
 2. All sections marked with * are required.
 3. As you begin a section, you will see the following:
 - indicates a section has been started but is not yet complete.
 ✓ indicates a section is complete.
 4. The Upload, Review & Sign Documents section at the bottom is where you will upload your supporting documentation and also sign the contracting documents.
 5. If you experience any technical difficulties please send an email to PRInquiries@LIBERTYDentalPlan.com or call us at 888-352-7924.

Please review all pre-populated fields for accuracy.

General Information			
Code	548242a-7463-4951-8516-4662204269	Office Name	Test ABC Dental
State	AL - Alabama	Is Existing Office	-
Email	JoeTest@abcdental.com	Provider First Name	Joe
Phone #	-	Provider Middle Name	-
State	Alabama	Provider Last Name	Test
Type	POE - Provider Online Enrollment	Provider Salt Name	-
Scenario	ES4 - Already Credentialed	Provider License Number	DN-12345
Plans	Serving patients at hospitals, skilled nursing facilities, a mobile unit, or schools?		
Is LIBERTY provider?	Yes		
Is credentialed with LIBERTY?	Yes		
Non-COVID #?	No		
Comments	-		

Add an Existing Provider - Screen 4: Attaching required documents

- Each office must attach a Link-Letter informing LIBERTY of the new provider/location linkage
- Link-Letters must include all the following elements
 - Location Name
 - Location TIN
 - Location Address
 - Dentist Name
 - Dentist License #
 - Dentist NPI #
- Draft the Link-Letter on your office letterhead and save it on your computer where you can access it.
- Follow the instructions below to attach the Link-Letter to your request.

1. Enter the name of the document you're attaching and click "Browse".

2. Open the Link-Letter in your documents

3. Click "Sign & Submit Application"

Add an Existing Provider - Screen 5: Confirmation Page: You've successfully completed Option IV!

Thank You

Dr. Joe Test,

Thank you for your interest in joining LIBERTY Dental Plan's network. Your application will be reviewed and we will contact you as soon as processing is complete or if any additional information is required. If you have any questions, please contact Professional Relations at 888-352-7924.

Sincerely yours,
LIBERTY Dental Plan Team