

This form is to be used to contract a credentialed provider as a Locum Tenens, replacing a provider for a temporary period of time, in the event of a disability or death. The Locum Tenens provider will contract on the same lines of business as the provider who experienced disability or death. Vacation and extended absence for other reasons do not qualify as a Locum Tenens provider. The Locum Tenens contract is valid for only 12 months from the disability or death or until a new owner is contracted. Contracts and credentials will be processed expeditiously and the Locum Tenens contract will be effective based on the provider's date of death/disability. Definitions of these terms:

- A. Disability- A physical or mental impairment that substantially limits one or more major life activities (pregnancy is considered a disability).
- B. Validation of Death- The death of a provider is validated by a death certificate or the state licensing board.

In the event of a death or disability the Locum Tenens provider must complete this required form and the required credentialing for each temporary provider. Trustee must also sign this form.

LOCUM TENENS PROVIDER INFORMATION	Applicant Name (Locum Tenens Provider):	
	License Number:	Tax Identification Number:
	Practice Location (s):	
	<input type="checkbox"/> Death <input type="checkbox"/> Disability	
	Date of Death or Disability:	
	Length of Estimated Coverage Time (cannot exceed 12 months):	
	Explanation of Plans to Sell the Practice (if applicable):	

Locum Tenens Provider Name	Locum Tenens Provider Signature	Date

Provider / Trustee Name	Provider / Trustee Signature	Date

Please return this form to your local Delta Dental:

Delta Dental of California
 ATTN: Provider Data Management
 P.O. Box 997330
 Sacramento, CA 95899-7330
Email: dentist_services@delta.org

Delta Dental Insurance Company
 ATTN: Provider Data Management
 P.O. Box 1826
 Alpharetta, GA 30023
Email: ProfessionalServices@ddic.delta.org
AL, FL, GA, LA, MS, MT, NV, TX, UT and U.S. Virgin Islands

Delta Dental of Pennsylvania
 ATTN: Provider Data Management
 P.O. Box 2106
 Mechanicsburg, PA 17055
Email: ddpdentist_services@deltadentalpa.org
 Delta Dental of Delaware. Inc. Delta Dental of the District of Columbia
 Delta Dental of Pennsylvania (Maryland)
 Delta Dental of West Virginia Inc.
 Delta Dental of New York, Inc.