Delta Dental of Missouri

Provider Registration





- Where to begin?
- All providers in MO need to register and create their Username and Password. Simply login to the Delta Dental MO website at deltadentalmo.com and select Provider



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- Provider Sign In
- Under this section you can create your account under 'Dental Provider Registration'



	C DELTA DENTAL' Shop for insurance Member Dentist Employer Broker	Search Q
• Step 1	Find your Delta Dental	Sign in/Register
 Select 'I am either a dentist or associated with a dentist' 	Register - step 1 of 3	
dentist	○ I am either a dentist or associated with a dentist	
	\bigcirc I am a member or adult dependent and have coverage with Delta Dental	
	○ I am a DeltaCare* facility	
	Proceed to step 2	

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- Step 2
- It's recommended for the person that's completing this form to add their first and last name

Dentist registration - step 2 of 3

Please enter your information in the registration form below. Required fields are indicated with an asterisk (*). <u>Contact us</u> if you are having difficulty registering.

Enter the name of the person completing this registration form.

First Name*

Last Name*

Enter information about your office. This will be used to determine your office location for mailing purposes.

Business Tax ID*

Business Citv*

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- Step 2 cont'd
 Add in the Business info- Tax ID, Business City, Business Zip
 Add in the Dentist's
 - First and Last Name, License Number and License State
- When entering the License Number, leave off preceding zeros and MO

LTA DENTAL Find your Delta Dental		Sign in/Regi
Enter information about your office. This will be u	used to determine your office location for mailing purposes.	
Business Tax ID*	Business City*	
Business Zip*		
Enter information about a dentist in your office. T	his will be used to validate your registration request.	
Dentist First Name*	Dentist Last Name*	
License ID*	License State*	
		~
Register		

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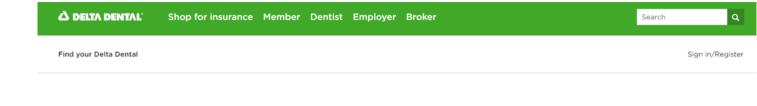
- Step 3
- Validate the Registration information submitted

△ DELTA DENTAL [®]	Shop for insurance Member Dentist	Employer Broker	Search	٩
Find your Delta Dental				Sign in/Register
-	ration - step 3 of 3 e registration form below. Required fields are indicated w	rith an asterisk (*).		
The following infe	ormation has been validated.			
Dentist First Name:	FirstName	Dentist Last Name:	LastName	
License ID:	1234	License State:	MO	
Business Tax ID:	123456789	Business address:	123 Street Ave City, State Zip Code Phone Number	

	C DELTA DENTAL Find your Delta Dental	Sign in/Register Q
 Create Username and Password 	Please enter a User name that will be used for your identification. Also,	please enter a Password which will be used along with your User name to log you onto our system.
REQUIRED	Username*	Password*
 6 characters for Username and 8 	User name must be at least 6 characters	0
characters for		Confirm Password*
password must		0
include one uppercase, one lowercase, one		Password must be at least 8 characters including one uppercase, one lowercase and one numeric character. Example: <i>thePass3</i>
number and one	Email	
special character	0	

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• Drovido o Challongo	C DELTA DENTAL Find your Delta Dental		Sign in/Register
 Provide a Challenge Question and Answer. 		ur password, the system will prompt you with the challenge question. If yo	ou provide the answer entered below, you
• This will allow you	Challenge Question	Challenge Answer*	
to access your account if you	City of birthplace?	✓	
forget your created password.	Register user		



Registration
 Confirmation

 Please make note of your Username and Password for future use.

ALMOST DONE!

Registration confirmation

You have been successfully registered.

Your username is YourUserID

Please make a note of your username and password for future use.

Your account has temporary access over the next fourteen days to the services available at www.deltadental.com. To permanently activate your account you will need to enter an authorization code that we will be sending in the mail. Once you receive the authorization code return to www.deltadental.com, login into your account and you will be prompted for the authorization code. After you have entered the authorization code your account will then be permanently activated.

Thank you for registering at the Delta Dental National Portal. If you have any questions, please feel free to contact us at support@deltadental.com.

Continue



- Terms of Use
- Please read through this section. Once complete and you 'Agree' to the terms of use, you can move forward with the registration



Version:1121264728958

b>PROVIDER TERMS AND CONDITIONS OF US

Amendments and Modifications

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ode	Find your Delta Dental		Sign	in/Register

- Authorization code
- Code is mailed to practice or
- You have the option to contact your Delta Dental Representative. They can provide your Authorization code to you immediately.

Authorization code

When you registered for access to our system, an authorization code was mailed to your business office address. If you have received the code, please enter it at this time and press 'Continue'. If you have not received the code, you may bypass entering an authorization code, click 'Continue' and gain access to the site on a temporary basis. However, please note that temporary access will only be provided for 14 days from the time that you registered.