



“Dental Office”: _____
Dental Office Name

Dental Office Address - if these signatories are authorized for multiple locations, please attach a list of all applicable Dental Office Names and Addresses

By signing this Provider Authorized Signatory Form, Dental Office represents and warrants that the individuals listed below are Authorized Signatories, as defined herein. “Authorized Signatories” are those individuals who are authorized by Dental Office to approve, sign and execute, acknowledge, and deliver, in the name and on behalf of Dental Office, any and all contracts, including but not limited to: provider agreements, addenda, fee schedules, amendments, letters of intent, letters of agreement, memoranda of understanding, applications, attestations, settlements, releases, waivers, renewals, and all other forms, documents, and agreements (collectively, “Contracts”). Dental Office represents and warrants that all Authorized Signatories are authorized to bind Dental Office to all such Contracts.

AUTHORIZED SIGNATORIES	
Name	Title

Dental Office acknowledges and agrees that LIBERTY Dental Plan (“LIBERTY”) is not required to accept all Authorized Signatories and further acknowledges and agrees that some Contracts (such as credentialing applications, DEA Waiver Request forms, etc.) may require a dentist or other specific signature. In the event of any changes to its Authorized Signatories, Dental Office shall immediately notify LIBERTY of such changes in writing and shall complete a new Provider Authorized Signatory Form.

LIBERTY Dental Plan
Attention: Professional Relations
340 Commerce, Suite 100
Irvine, CA 92602
prnational@libertydentalplan.com

Acknowledged and agreed:

*Note: If the dental practice is not incorporated, the dentist/owner must sign.
If the dental practice is incorporated, the President, CEO, or Chairman must sign.*

Authorized Signature

Print Name

Title

Date