

PROVIDER TYPE PROFILE

PROVIDER TYPE	54	AFFILIATED PRACTICE HYGIENIST
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REIMBURSEMENT TYPE	02	EFFECTIVE 12/01/06
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CATEGORIES OF SERVICE		LICENSE/CERTIFICATION
MANDATORY	11	DENTIST
MANDATORY		BOARD OF DENTAL EXAMINERS
MANDATORY		LETTER OF AFFILIATION (ISSUED BY THE DENTAL BORAD)
MANDATORY		CPR CARD
OPTIONAL		
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SPECIAL INSTRUCTIONS: I _____ am the affiliated dentist
 Verifying an affiliated practice arrangement between _____ and myself.
 I also attest this arrangement is in compliance with ARS 32-1281, 32-1289 and AHCCCS rules and regulations.

_____ (Dentist Signature)
 _____ (AHCCCS ID #/NPI #)
 _____ (Date)