



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
New Hampshire Medicaid Program**

NH Medicaid Dental Enrollment Acknowledgement Form

Acknowledgement form:

I hereby confirm that I submitted information for my credentialing to DentaQuest and I acknowledge that the information was then inputted into the Medicaid provider enrollment application by NH DHHS staff. I confirm that I have read the information that was entered on my behalf and the information contained herein is true, accurate and complete.

Group Name or Individual Name:

Application Tracking Number (ATN):

Signature:

Title/Position:

Print Name:

Date:
