

TYPE OF PROVIDER:

Dentist - Orthodontics

CRITERIA:

Licensed as a dentist by the State of Illinois or the state in which the services are being provided.

Licensed as Orthodontist by the State of Illinois or the state in which the services are being provided.

Minimum of 50% of practice involving children.

A member in good standing of the professional staff of the health care facility approved by DSCC for the services to be provided.

ADDITIONAL REQUIREMENTS:

Provide evidence of medical malpractice insurance by insurer licensed in the State of Illinois. Such professional liability insurance shall be in minimum amount of \$1,000,000 per claim and \$3,000,000 aggregate or meet the limits of liability set by law in any state other than Illinois.

Maintain continuous medical malpractice insurance coverage and purchase "tail coverage" if malpractice insurance is discontinued or reduced below level described above.

Will not seek further payment from DSCC child or child's family beyond amount paid by third party payers or DSCC for approved care.

ADDITIONAL DESIRABLE CRITERIA:

Accept Medicaid and All Kids Reimbursement.

Member of craniofacial anomalies team.

Affiliated with medical/dental school.

Experience with craniofacial malformations.