



Required For:

July 29, 2025

A Credentials Verification Organization



Important Notice of Name Change

THIS FORM IS FOR:

Lauren Andler, DDS/DMD

Pacific Dental Services

PO BOX 920050

DALLAS, TX 75392

FAX TO: (949) 470-0838

ONLINE: www.valenzhealth.com/vpoint

MAIL TO: VPoint™

1 Spectrum Pointe Dr., Suite 320

Lake Forest, CA 92630

Provider ID: 11132340

Practice ID: 1735307

Lic. #: DN1858760-MA

REQUEST FOR CONFIRMATION OF CURRENT SPECIALTY BOARD CERTIFICATION

As your Credentialing Verification Organization, **we are thrilled to announce we have changed our name to VPoint™** and joined the Valenz® family. VPoint™ is now part of the Valenz Healthcare Ecosystem Optimization Platform, a fully integrated suite of solutions for providers and payers. For more information visit www.valenzhealth.com/vpoint

***** Please include this document when faxing back *****

Valenz® VPoint™ has been contracted by the healthcare entity(s) listed above to perform primary source verifications. Please answer the below question(s) and supply the requested information or documentation to complete your credentialing.

Are you board certified in the specialty you are practicing?

Yes

No



If you are board eligible, qualified, or candidate please answer no.

If yes, please submit a copy of your certificate or complete the board certification information below:

Name of issuing specialty board: _____

Specialty: _____ Certificate Number: _____

Date Certified: _____ Expiration Date: _____

If you have already sent the requested information and you are receiving this letter, please make sure the above form is complete and correct and a certificate is included when applicable. Forms missing any of the required information will not be accepted.

Please submit a copy by faxing to (949) 470-0838 or mail to: VPoint™, 1 Spectrum Pointe Dr., Suite 320 Lake Forest, CA 92630

If you have any questions regarding this request please call (888) 273-3368.

Your immediate attention to this request is needed to avoid any delays in updating your credentialing file. If we do not receive your renewed, current certificate, the healthcare organization(s) listed above will be notified of your non-compliance to this credentialing requirement.

Thank you for your cooperation,

Provider Relations
VPoint™