

July 25, 2025

USPS CERTIFIED MAIL 9414814903063521396437

ATLANTA MAE ROLOFF, DDS
3320 124TH AVE NW
COON RAPIDS, MN 55433

FINAL RECREDENTIALING NOTICE BEFORE TERMINATION

Dear Dr. Roloff:

Per your participation agreement with Delta Dental, you are required to comply with Delta Dental's provider recredentialing process, which reoccurs every 36 months. Our records indicate that your credentialing is now about to expire. We require the completion of a recredentialing application and submission of supporting documents to ensure your continued compliance with Delta Dental's participation agreement.

If the required documents are not received by **September 1, 2025**, termination of your participation in Delta Dental's networks and termination of your membership with Delta Dental will be recommended to the Delta Dental Professional Review and Relations Committee (PRRC) at their next meeting.

Recredentialing with Delta Dental is handled through the Provider Application and Credentialing Toolkit (PACT) system. Simply navigate to the following web address to access the PACT system: **www.providerwebportal.com**

First-time users must register for a new PACT account. To register, you will need your provider (type 1) NPI number and your state license number. Return users may simply log in with their username and password. If this recredentialing process will be completed by an authorized third party, please forward this request to them as soon as possible.

We look forward to your continued participation as a Delta Dental provider and we hope that you share our value in maintaining current credentialing for all our network participating providers. Your cooperation with our recredentialing process is appreciated.

Respectfully,

Delta Dental Credentialing Administration Team

PROVIDER RECORDS
DELTA DENTAL OF MI
PO BOX 30416
LANSING, MI 48909-7916

USPS CERTIFIED MAIL



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RECREREDENTIALING: FINAL NOTICE

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