
Delta Dental PPO™ Participating Dentist Agreement

This Agreement (“Agreement”) is between Dentist and Delta Dental of Virginia. It is effective on the date that Delta Dental of Virginia accepts it (as evidenced by Delta Dental of Virginia’s entry to that effect on the last page of the Agreement) and will remain in effect until either party terminates it in the manner provided for in the “Termination” section of the “Terms and Conditions” attachment. This Agreement applies specifically to Delta Dental of Virginia’s Delta Dental PPO program. With respect to Delta Dental PPO Enrollees, the terms and conditions in this Agreement control and supersede any contradictory provisions in the “Terms and Conditions” attachment.

DELTA DENTAL OF VIRGINIA’S PAYMENTS AND OTHER DELTA DENTAL PPO PROGRAM REQUIREMENTS

In our Delta Dental PPO program, we base our payments on Delta Dental PPO Allowances. You agree to accept Delta Dental PPO Allowances as payment in full for Covered Benefits that you provide to Delta Dental PPO Enrollees. This includes (without limitation) Covered Benefits provided after the Delta Dental PPO Enrollee reaches his or her Benefit Maximum and Covered Benefits subject to Patient Payment Amounts. Delta Dental of Virginia reduces its payments by Patient Payment Amounts, as that term is defined in the “Terms and Conditions” attachment.

In this Agreement, the following terms have these meanings:

- 1. Delta Dental PPO Allowance** means the lowest of (a) the fee that Dentist bills Delta Dental of Virginia, or (b) the payment allowance that Delta Dental of Virginia has established for the Dental Service that the Delta Dental PPO Enrollee receives. For the purposes of this Delta Dental PPO Agreement, when the term “Plan Allowance” is used in the “Terms and Conditions” attachment, it means the Delta Dental PPO Allowance.
- 2. Enrollee** means an individual who is properly enrolled in, or otherwise eligible to receive Covered Benefits under, any Delta Dental Member Company’s Delta Dental PPO contract with the Dental Delta group or the individual on the date on which the Dental Services are provided. Unless Dentist also participates in Delta Dental of Virginia’s DeltaCare network, Delta Dental of Virginia’s DeltaCare enrollees are considered Delta Dental PPO Enrollees for Specialist Dental Services. For the purposes of this Delta Dental PPO Agreement, when the term “Enrollee” is used in the “Terms and Conditions” attachment, it means a Delta Dental PPO Enrollee.
- 3. Specialist Dental Services** mean Covered Benefits that are (a) provided under our Delta Dental PPO enrollee’s group or individual contract; (b) within specific, limited areas of dental specialization with respect to which we recognize Dentist as a specialist; and (c) Dentally Necessary (as that term is defined in the “Terms and Conditions” attachment to this Agreement). Specialist Dental Services include oral surgery, endodontics, periodontics, pediatric dentistry, and orthodontics.

MULTIPLE DENTISTS AND/OR DENTAL OFFICE LOCATIONS

If this Agreement applies to more than one dentist or dental office location, please copy and attach a separate signature sheet identifying the additional dentists, their license numbers, and/or the office locations where Dental Services will be provided.

INSTRUCTIONS FOR THE DELTA DENTAL PPO DENTIST

To participate in Delta Dental’s PPO network, Dentist must:

1. Sign and return to Delta Dental of Virginia the signature page found on the next page of this Agreement.
2. Provide the information that we request for credentialing purposes; and
- 3. Be accepted by Delta Dental of Virginia (a copy of the signature page, with Delta Dental of Virginia’s representative’s initials on it, will be returned to Dentist and should be kept in file with the remainder of this Agreement).**



Delta Dental PPO™ — Participating Dentist Agreement Signature Page

Dentist, acting directly or by Dentist’s authorized representative, has executed this Delta Dental PPO Agreement. Likewise, Delta Dental of Virginia, acting by its authorized representative, has accepted Dentist’s application for participation in its Delta Dental PPO network and executed this Agreement. Complete this form in its entirety and **email it to ProviderRelations@deltadentalva.com** or fax it to 540.491.9709.

Dentist

_____/_____/_____
Signature Date

Printed Name

Office Street Address

City, State, Zip

Phone Number

Federal Tax ID

National Provider Identifier (NPI)

License Number

Delta Dental of Virginia

By: _____

<p>To be completed by Delta Dental of Virginia upon receipt of signature page:</p> <p>Date Accepted by Delta Dental of Virginia: _____</p> <p>Delta Dental of Virginia Representative Initials: _____</p>
