
Delta Dental Medicare Advantage[™] 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 applicable “Terms and Conditions” attachment. This Agreement applies specifically to Delta Dental of Virginia’s Delta Dental Medicare Advantage program. With respect to Delta Dental Medicare Advantage[™] Enrollees, the terms and conditions in this Agreement control and supersede any contradictory provisions in the applicable “Terms and Conditions” attachment.

DELTA DENTAL OF VIRGINIA’S PAYMENTS AND OTHER DELTA DENTAL MEDICARE ADVANTAGE PROGRAM REQUIREMENTS

For purposes of this Agreement, the applicable Terms and Conditions attachment refers to the Participating Dentist Agreement Terms and Conditions as amended by the Medicare Advantage Amendment to the Participating Provider Agreement.

As a Delta Dental Medicare Advantage network dentist, you will be reimbursed pursuant to your current Delta Dental commercial network allowance (e.g., Delta Dental PPO[™] or Delta Dental Premier[®]) and agree to accept such reimbursement as payment in full for Covered Benefits that you provide to Delta Dental Medicare Advantage Enrollees. You agree to accept the Applicable Allowances as payment in full for Covered Benefits that you provide to Delta Dental Medicare Advantage Enrollees. This includes (without limitation) Covered Benefits provided after the Delta Dental Medicare Advantage 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 applicable “Terms and Conditions” attachment.

In this Agreement, terms have the same meaning as provided for in your Delta Dental PPO Participating Agreement or your Delta Dental Premier Participating Agreement, as applicable based on your participation.

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 MEDICARE ADVANTAGE DENTIST

To participate in Delta Dental’s Medicare Advantage 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 Medicare Advantage™ participating dentist agreement signature page

Dentist, acting directly or by Dentist’s authorized representative, has executed this Delta Dental Medicare Advantage™ Agreement. Likewise, Delta Dental of Virginia, acting by its authorized representative, has accepted Dentist’s application for participation in its Delta Dental Medicare Advantage network and executed this Agreement. Complete this form in its entirety and **email it to ProfessionalRelations@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: _____

To be completed by Delta Dental of Virginia upon receipt of signature page:

Date Accepted by Delta Dental of Virginia: _____

Delta Dental of Virginia Representative Initials: _____