DELTA DENTAL®

Delta Dental PPO™ participating dentist agreement

AMENDED AND RESTATED JANUARY 1, 2027

This Agreement ("Agreement") is between Dentist and Delta Dental of Virginia ("Delta Dental"). It is effective on the date that Delta Dental accepts it (as evidenced by Delta Dental'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 "General Terms and Conditions" attachment. This Agreement applies specifically to general dentists, pediatric dentists, and prosthodontists and supersedes all prior agreements between Delta Dental and Dentist.

DELTA DENTAL'S PAYMENTS AND 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. Delta Dental reduces its payments by Patient Payment Amounts, as that term is defined in the "General Terms and Conditions" attachment. Capitalized terms not otherwise defined herein will have meanings set forth in the General Terms and Conditions. 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, or (b) the fee that Delta Dental of Virginia has established in the Delta Dental PPO Fee Schedule 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 "General Terms and Conditions" attachment, it means the Delta Dental PPO Allowance.
2. **Enrollee** means an individual who, on the date Dental Services are provided, is properly enrolled in, or otherwise eligible to receive, Covered Benefits under a Delta Dental PPO, Delta Dental PPO-only, Delta Dental Premier, Delta Dental PPO Plus Premier, or Delta Dental EPO™ contract issued by any Delta Dental Member Company to a group or individual. Dentist shall verify an Enrollee's eligibility and benefits with Delta Dental before rendering Dental Services or making any representation concerning the Enrollee's coverage or benefits.

Incorporation and Governing Order. The following documents are hereby incorporated by reference into this Agreement and, in the event of a conflict, shall govern in the order listed:

1. This Agreement
2. The Delta Dental PPO Fee Schedule
3. The General Terms and Conditions to this Agreement
4. The Delta Dental of Virginia Participating Dentists' Handbook

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 below; and
2. Provide the information that we request for credentialing purposes.
3. **Be accepted by Delta Dental of Virginia (a confirmation of participation will be sent to the email address provided on the signature page).**

DELTA DENTAL®

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 ProfessionalRelations@deltadentalva.com** or fax it to 540.491.9709.

Dentist

Signature _____ Date _____

Printed name _____ Dentist email _____

Phone number _____ Office email _____

National Provider Identifier (NPI) _____

License Number _____

Select your provider type

☐ General dentist ☐ Pediatric dentist ☐ Prosthodontist

Delta Dental of Virginia

By:_____

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

Date accepted:_____

Representative initials:_____