DELTA DENTAL®

# Delta Dental Medicare Advantage™ 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 Delta Dental's Delta Dental Medicare Advantage program and supersedes all prior agreements between Delta Dental and Dentist.

## DELTA DENTAL'S PAYMENTS AND OTHER DELTA DENTAL MEDICARE ADVANTAGE PROGRAM REQUIREMENTS

As a Delta Dental Medicare Advantage network dentist, you will be reimbursed pursuant to your current commercial Delta Dental Participating Agreement (e.g., Delta Dental PPO™ , Delta Dental Premier® or Delta Dental Specialist) 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 Plan Allowance, as set forth in your current Delta Dental Participating Agreement, as payment in full for Covered Benefits that you provide to Delta Dental Medicare Advantage Enrollees. Delta Dental reduces its payments by Patient Payment Amounts, as that term is defined in the "General Terms and Conditions" attachment.

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

**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 below.** If Dentist also participates in the Delta Dental PPO network, Delta Dental Premier network or Delta Dental Specialist network, the terms of the Medicare Advantage Terms and Conditions will control in the event of a conflict and with respect to Medicare Advantage Enrollees.

1. This Agreement
2. Your current applicable Delta Dental commercial network fee schedule
3. The Medicare Advantage Terms and Conditions
4. The General Terms and Conditions to this Agreement
5. The Delta Dental Participating Dentists' Handbook

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

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# 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 | Dentist email |
| Phone number | Office email |

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:_____