

I represent that I am duly licensed to practice dentistry in the State of Tennessee, having been issued License Number _____ by the Tennessee Board of Dental Examiners; that my license is in good standing; and, that no disciplinary proceedings are pending against me.

I hereby apply for membership in Delta Dental of Tennessee (DDTN) (a non-profit Tennessee Corporation) as a Participating Dentist in its Delta Dental Premier **and** Delta Dental PPO Programs, including Delta National Accounts and DeltaUSA.

In consideration of this membership, I agree:

1. That I will be bound by the Bylaws, and Rules and Regulations of DDTN, including any future amendments thereto, following notification from DDTN.
2. That I will maintain my license in good standing.
3. That I understand that DDTN utilizes a Maximum Plan Allowance (MPA) fee concept with deductibles, co-payments or coinsurance features to administer prepaid dental care programs. As a Participating Dentist, I agree to accept the lesser of my submitted fee or MPA fee as payment in full for services rendered to any DDTN/DeltaUSA enrollee and will not bill for any difference above the amount indicated on the remittance information as patient's responsibility. All payments will be made by Electronic Funds Transfer (EFT).
4. That I will render dental service to eligible subscribers and their covered dependents without discrimination because of their DDTN eligibility and with the same high standards of dental care provided to all my patients. Included are subscribers and covered dependents of Delta National Accounts and DeltaUSA Accounts.
5. That I will maintain patient treatment records and in order to assure compliance with the requirements of DDTN, I will furnish, upon request, such records or reports for random review or for cause as may be deemed necessary at no charge during regular DDTN business hours. Information not required to assure compliance may be concealed to protect patient confidentiality.
6. That in rendering dental service under this Agreement, I will be acting as an independent contractor and not as an agent or employee of DDTN. DDTN shall not be held liable for any wrongful act on my part. I agree to indemnify and hold harmless DDTN with respect to any damages, costs, judgments, claims or other liabilities resulting from any acts or omissions on my part, in accordance with TCA 56-2-124.
7. That my rights, privileges, duties and obligations hereunder are not assignable. I understand that this agreement may be terminated by either party by not less than thirty (30) days written notice to the other party. Such right on the part of DDTN to be exercised only by action of its Executive Committee or the Board of Directors.
8. That my office meets all requirements of the State and Federal regulatory agencies.
9. That I will maintain Professional Liability Insurance as required by DDTN and to immediately notify DDTN in the event of any insurance changes.
10. That I have read the Bylaws, and Rules and Regulations of DDTN.
11. That I understand this agreement does not become effective until duly accepted by DDTN and that upon acceptance, I shall be a participating member of DDTN.



Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228

Specialist Agreement

Delta Dental Premier and
Delta Dental PPO

Dentist Signature

Date

Dentist Name (printed)

License Number

Diplomat, Board of (if any)

Taxpayer Identification Number

Primary Office Street Address

City

State

Zip Code

Telephone

This application for appointment as a Participating Dentist in the DDTN Specialist Program is hereby accepted and the above named applicant is entitled to all rights and privileges of a Participating Dentist.

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228-1669

By: _____
President & CEO of Delta Dental of Tennessee

Date