

# PARTICIPATING PROVIDER APPLICATION

Please complete the following information and mail to:

Dental Direct 2600 South Road, Suite 44-202, Poughkeepsie, NY 12601 • (914) 292-3610

The following items **must** be included for application approval;  
**DEA License, Dental License, Medical Malpractice Insurance**

**dental**direct  
www.dentalplansdirect.com

## PRACTICE INFORMATION *(\*Information included in Directory Webpage Practice Profile)*

\*Dental Office Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Email address: \_\_\_\_\_

*By providing your email you agree to receive marketing communications, emails, and special promotions via the contact information you provided above from Dental Direct and its partners.*

\*Website URL: \_\_\_\_\_

Tax ID # (required): \_\_\_\_\_

National Provider ID (Corporate/Group, if applicable): \_\_\_\_\_

Office Manager/Contact Name: \_\_\_\_\_

## OFFICE PROFILE DETAILS *(The below information is included in Directory Webpage Practice Profile to increase search visibility.)*

### Hours of Operation:

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_
- Sunday \_\_\_\_\_

### Specialties:

- Endodontics
- Oral Surgery
- Orthodontics
- Periodontics
- Pedodontics
- Prosthodontics

### Services:

- Cosmetic Dentistry
- Dental Implants
- General Dentistry
- Restorative Dentistry
- Teeth Whitening
- Veneer/Laminate
- In-Office Crowns

### Language:

- English
- Spanish
- French
- Other \_\_\_\_\_

### Healthcare Preferences Available:

- Evening Hours
- Weekend Appointments
- Specialists On Site
- Advanced Technology
- Sedation Available
- 3D Imaging
- ConeScan
- Paperless Environment

### Insurance Participation:

- Name: \_\_\_\_\_
- Name: \_\_\_\_\_
- Name: \_\_\_\_\_
- Name: \_\_\_\_\_
- Name: \_\_\_\_\_
- Name: \_\_\_\_\_

if there are additional providers, then attach supplemental copies of information

**PROVIDER INFORMATION** (List each dentist you want to add on panel as a participating Dental Direct provider.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Specialty:  General Dentist     Pedodontist     Periodontist     Endodontist  
 Oral Surgeon     Orthodontist     Prosthodontist

Degree:  D.D.S.  D.M.D.

State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

National Provider Identifier (NPI) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dental School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Additional Providers**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Specialty:  General Dentist     Pedodontist     Periodontist     Endodontist  
 Oral Surgeon     Orthodontist     Prosthodontist

Degree:  D.D.S.  D.M.D.

State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

National Provider Identifier (NPI) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dental School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Specialty:  General Dentist     Pedodontist     Periodontist     Endodontist  
 Oral Surgeon     Orthodontist     Prosthodontist

Degree:  D.D.S.  D.M.D.

State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

National Provider Identifier (NPI) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dental School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**COPIES TO ATTACH FOR PARTICIPATING PANEL PROVIDER** (\*required)

DEA License\*     Dental License\*     Medical Malpractice Insurance\*

Please complete the following information and mail to:

**Dental Direct**  
**2600 South Road, Suite 44-202**  
**Poughkeepsie, NY 12601**

**Fax Application to: (800) 556-1750**

# General Dentist

## Fee Schedule



### DIAGNOSTIC SERVICES

Code	Service	Fees
D0120	Periodic Oral Evaluation	\$30.00
D0140	Limited Oral Evaluation - Problem Focus	\$35.00
D0150	Comprehensive Oral Evaluation	\$40.00
D0180	Comprehensive Perio Evaluation	\$55.00
D0210	Xrays – Complete Series	\$55.00
D0220	Xrays – Periapical – 1st Film	\$15.00
D0230	Xrays – Periapical – each additional	\$10.00
D0274	Bitewings – Four Films	\$50.00
D0330	Panoramic Film	\$80.00
D0364	CT-SCAN - Limited	\$195.00
D0365	CT-SCAN - Mandible	\$295.00
D0366	CT-SCAN – Maxillary	\$295.00
D0431	Oral Cancer Screening	\$20.00
D0470	Diagnostic Casts	\$35.00

### PREVENTATIVE SERVICES

Code	Service	Fees
D1110	Prophylaxis – Adult Cleaning (1 Service per Plan Year Free)	\$65.00
D1120	Prophylaxis – Child Cleaning (1 Service per Plan Year Free)	\$55.00
D1208	Topical Application of Fluoride - Excluding Varnish	\$15.00
D1351	Sealant – per tooth – no age limit	\$40.00

### RESTORATIVE SERVICES

Code	Service	Fees
D2140	Amalgam – One Surface	\$75.00
D2150	Amalgam – Two Surfaces	\$125.00
D2160	Amalgam – Three Surfaces	\$150.00
D2161	Amalgam – Four Surfaces	\$175.00
D2330	Resin Based Composite – One Surface - Anterior	\$90.00
D2331	Resin Based Composite – Two Surfaces - Anterior	\$140.00
D2332	Resin Based Composite – Three Surfaces - Anterior	\$175.00
D2335	Resin Based Composite – Four Surfaces - Anterior	\$225.00
D2391	Resin Based Composite – One Surface - Posterior	\$90.00
D2392	Resin Based Composite – Two Surfaces - Posterior	\$150.00
D2393	Resin Based Composite – Three Surfaces - Posterior	\$175.00
D2620	Inlay - Porcelain - Two Surfaces	\$1,000.00
D2642	Onlay - Porcelain - Two Surfaces	\$1,000.00
D2740	Crown – Porcelain/Ceramic	\$1,000.00
D2750	Crown – Porcelain Fused to High Noble Metal	\$850.00
D2799	Provisional Crown	\$200.00
D2920	Recement Crown/Bridge	\$50.00
D2950	Core Buildup – including any pins	\$150.00
D2951	Pin Retention - per tooth in addition to restoration	\$75.00
D2954	Prefabricated Post & Core	\$275.00
D2955	Post Removal	\$250.00

### ENDODONTIC SERVICES

Code	Service	Fees
D3110	Pulp Cap - Direct	\$80.00
D3120	Pulp Cap - Indirect	\$35.00
D3220	Therapeutic Pulpotomy	\$125.00
D3221	Pulpal Debridement,	\$125.00
D3310	Root Canal – Anterior	\$525.00
D3320	Root Canal – Bicuspid	\$625.00
D3330	Root Canal – Molar	\$725.00
D3346	Retreat Previous Root Canal – Anterior	\$600.00
D3910	Surgical Isolation of Tooth w/ Rubber Dam	\$150.00

## General Dentist Fee Schedule Cont.

### PERIODONTIC SERVICES

Code	Service	Fees
D4210	Gingivectomy - per quad	\$450.00
D4211	Gingivectomy - per tooth	\$200.00
D4249	Clinical Crown Length - Hard Tissue	\$500.00
D4260	Osseous Surgery - per quad	\$650.00
D4341	Perio Scaling & Root Planing - per quad	\$70.00
D4346	Scaling in Presence of Gingival Inflammation - full mouth	\$135.00
D4381	Localized Delivery of Antimicrobial Agents - per tooth	\$55.00
D4910	Perio Maintenance	\$95.00

### PROSTHODONTIC SERVICES - REMOVABLE

Code	Service	Fees
D5110	Complete Denture – Maxillary	\$1,000.00
D5120	Complete Denture – Mandibular	\$1,000.00
D5130	Immediate Denture – Maxillary	\$750.00
D5140	Immediate Denture – Mandibular	\$750.00
D5213	Maxillary Partial - Cast Metal Framework w/Resin Base	\$1,050.00
D5214	Mandibular Partial - Cast Metal Framework w/Resin Base	\$1,050.00
D5410	Adjust Complete Denture – Maxillary	\$55.00
D5411	Adjust Complete Denture – Mandibular	\$55.00
D5520	Replace Missing/Broken Teeth	\$75.00
D5630	Repair/Replace Broken Clasp	\$95.00
D5650	Add Tooth to Existing Partial Denture	\$90.00
D5660	Add Clasp to Existing Partial Denture - per tooth	\$95.00
D5730	Reline Complete Maxillary Denture - Chairside	\$175.00
D5731	Reline Complete Mandibular Denture - Chairside	\$175.00
D5740	Reline Maxillary Partial Denture - Chairside	\$175.00
D5741	Reline Mandibular Partial Denture - Chairside	\$175.00
D5750	Reline Complete Maxillary Denture - Lab	\$300.00
D5751	Reline Complete Mandibular Denture - Lab	\$300.00

### IMPLANT SERVICES

Code	Service	Fees
D6010	Surgical Placement of Implant - Endosteal	\$1,250.00
D6056	Prefab Abutment - Includes Placement	\$575.00
D6059	Abutment Supported Implant Crown - Porcelain Fused to High Noble Metal	\$1,050.00
D6190	Pre-Surgical Index	\$375.00

### PROSTHODONTIC SERVICES - FIXED

Code	Service	Fees
D6240	Pontic – Porcelain Fused to Noble Metal	\$850.00
D6245	Pontic - Porcelain/Ceramic	\$1,000.00
D6740	Retainer Crown - Porcelain/Ceramic	\$1,000.00
D6750	Retainer Crown - Porcelain Fused to Noble Metal	\$850.00

### ORAL SURGERY SERVICES

Code	Service	Fees
D7140	Simple Extraction	\$110.00
D7210	Surgical Extraction	\$175.00
D7220	Surgical Extraction – soft tissue	\$200.00
D7288	Brush Biopsy	\$135.00
D7510	Incision & Drainage of Abscess	\$175.00
D7960	Frenulectomy Procedure	\$325.00
D7971	Excision of Pericoronal Gingiva	\$325.00

### ADJUNCTIVE SERVICES

Code	Service	Fees
D9110	Palliative Treatment Dental Pain - minor procedure	\$75.00
D9211	Regional Block Anesthesia	\$50.00
D9310	GP Consultation - per session	\$50.00
D9430	Office Visit for Observation	\$35.00
D9951	Occlusal Adjustment - limited	\$65.00
D9986	Missed Appointment/No Show	\$30.00

# Specialist

## Fee Schedule



### ENDODONTIC SERVICES

Code	Service	Fees
D3310	Root Canal – Anterior	\$700.00
D3320	Root Canal – Bicuspid	\$800.00
D3330	Root Canal – Molar	\$900.00
D3410	Apicoectomy - Anterior	\$650.00
D3421	Apicoectomy - Bicuspid	\$700.00
D3425	Apicoectomy - Molar	\$800.00
D3426	Apicoectomy - each additional root	\$250.00
D3430	Retrograde Filling – per root	\$200.00

### PERIODONTIC SERVICES

Code	Service	Fees
D4249	Clinical Crown Length - hard tissue	\$550.00
D4260	Osseous Surgery - per quad	\$750.00
D4263	Bone Replacement Graft - retained natural teeth, per site	\$400.00
D4267	Guided Tissue Regeneration - non-resorbable barrier, per site	\$400.00
D4274	Distal/Proximal Wedge Procedure	\$500.00
D4341	Perio Scaling & Root Planing - per quad	\$150.00
D4381	Localized Delivery of Antimicrobial Agents - per tooth	\$65.00

### IMPLANT SERVICES

Code	Service	Fees
D6010	Surgical Placement of Implant- Endosteal	\$1,600.00
D6059	Abutment Supported Implant Crown - Porcelain Fused to High Noble Metal	\$1,050.00
D6100	Implant Removal - By Report	\$1,000.00
D6101	Debridement of Implant Defect	\$500.00
D6102	Debridement/Osseous Contouring of Implant Defect	\$500.00
D6103	Bone Graft for Repair of Implant Defect	\$500.00
D6104	Bone Graft at Time of Implant Placement	\$500.00

### ORAL SURGERY SERVICES

Code	Service	Fees
D7140	Extraction - Simple	\$150.00
D7210	Extraction - Surgical	\$185.00
D7220	Extraction – Soft Tissue	\$225.00
D7230	Extraction - Partial Bony	\$325.00
D7240	Extraction - Full Bony Impaction	\$350.00
D7241	Extraction - Full Bony Impaction w/Complications	\$400.00
D7250	Extraction - Removal of Residual Tooth Roots	\$185.00
D7280	Exposure of Unerupted Tooth	\$500.00
D7283	Device Placement to Facilitate Eruption of Impacted Tooth	\$225.00
D7288	Brush Biopsy	\$150.00
D7310	Alveoloplasty in Conjunction w/Ext - per quad	\$250.00
D7410	Biopsy - Excision of Benign Lesion up to 1.25 cm	\$400.00
D7510	Incision & Drainage of Abscess	\$250.00
D7951	Sinus Augmentation with Bone - Lateral approach	\$2,000.00
D7960	Frenulectomy Procedure	\$375.00
D7971	Excision of Pericoronal Gingiva	\$375.00

**SERVICES NOT LISTED**  
**20% Discount**

*Payment is Due at Time of Service*

*Lab fees may be applied to any discounted services above.*

Member Support: (888) 972-7160  
Patient Eligibility: (888) 972-7160  
Provider Specialist: (914) 292-3610  
[www.dentalplansdirect.com](http://www.dentalplansdirect.com)

# Dental Direct Discount Membership Program

## Participating Dentist Agreement / Terms & Conditions

This Agreement ("Agreement") is entered into between the undersigned dentist ("Participating Dentist") and Dental Direct Benefits, by and on behalf of itself and its subsidiaries and affiliates ("Dental Direct Benefits").

### I. General Provisions

1. Participating Dentist (General Dentist or Specialist) or Participating Group Practice agrees to provide Dental Services to Members and to provide such services in the same manner in which, and with the same availability as, Participating Dentist provides services to his or her other patients. Participating Dentist agrees to provide Dental Services without discrimination against any Members on the basis of participation in the Discount Membership Program, source of payment, age, sex, ethnicity, religion, sexual preference, health status or disability.
2. Participating Dentist represents and warrants that he or she is licensed to practice dentistry pursuant to the laws where he or she is practicing dentistry. Participating Dentist also represents and warrants that his or her license to practice dentistry and DEA registration, if applicable, are not suspended or revoked. Participating Dentist agrees that he or she will promptly notify Dental Direct Benefits in writing should either such license or registration be revoked, restricted, suspended or otherwise subject to disciplinary action by any government agency. Participating Dentist authorizes Dental Direct Benefits to obtain information concerning the undersigned's professional qualifications as well as to inquire within National Practitioner Data Bank about the undersigned's practice.
3. For purposes of this Agreement, "Dental Services" means a dental service or supply for which a benefit may be payable under the terms of a Discount Membership Program. "Discount Membership Program" means a group or individual dental care program that is administered by a third party partner. "Member" means an individual entitled to the Discount Membership Program.
4. Dental Direct Benefits may contract with persons or entities (including, without limitation, Dental Direct Benefits subsidiary or affiliated organizations, self-administered or self-funded programs providing dental care benefits, employers or insurers wishing to utilize the services of Dental Direct Benefits dental network) incorporating the terms and conditions of this Agreement. It is agreed that the other entity will succeed to all of Dental Direct Benefit's rights and obligations under this Agreement.
5. All Participating Dentists in the Discount Membership Program agree to accept as payment in full for Dental Services the amount shown in the attached assigned fee schedule (the "Fee Amount").
6. Dental Direct Benefits shall have no obligation to Participating Dentist for any claims for Reimbursement Amounts not paid by or on behalf of a self-funded group plan sponsor for which Dental Direct Benefits administers a Discount Membership Program. Dental Direct Billing reserves the right to change Reimbursement Amounts at any time upon notice to a Participating Dentist.
7. Members are responsible for all Dental Services that are not covered under the Discount Membership Program; Members are also responsible for all deductibles, co-payments and coinsurance amounts required under the Discount Membership Program. Participating Dentist agrees to charge and collect any applicable co-payments, coinsurance and/or deductible amounts as may be required.
8. Participating Dentist warrants that he or she has and shall maintain professional liability and comprehensive general liability insurance in amounts reasonable and customary for the Participating Dentist's location and specialty, at his or her sole cost and expense. Participating Dentist agrees to notify Dental Direct Benefits immediately of any termination or restriction of such coverage. Participating Dentist shall produce certificates of insurance.
9. Participating Dentist shall keep accurate and current dental files and records for each Member who is a patient. Participating Dentist agrees to comply with all applicable laws and regulations regarding the privacy and confidentiality of such records. Dental Direct Benefits may upon request with appropriate releases inspect and receive copies of dental records of Members without restriction. Participating Dentist shall make available such records to appropriate state and federal authorities and their agents involved in assessing the accessibility and availability of care or investigating grievances or complaints.
10. Except as provided herein, neither Participating Dentist nor Dental Direct Benefits may use the other party's symbols, trademarks or service marks in advertising or promotional materials or otherwise without the prior written consent of that party. The Participating Dental Direct Discount Membership Program Dentist agrees to have his or her name, specialty, office address, office telephone number and office hours listed in the Dental Direct Benefits dental directory of contracted dentists.
11. Participating Dentist agrees that when Dental Direct Benefits contracts with other persons or entities for use of Participating Dentist's services under this Agreement. Participating Dentist will provide services to Members of that other entity in accordance with the terms of this Agreement. In all events, however, Participating Dentist shall look for payment only to the particular entity that covers the particular services for which Participating Dentist seeks to be compensated (except for applicable deductibles, copayments or other obligations of Members).
12. Participating Dentist agrees to Dental Direct Benefit's periodic review of utilization, quality of care and peer review.
13. The parties agree to keep the confidential and proprietary information or trade secrets of each other in trust and confidence and agree that such information shall be used for the purposes contemplated in this Agreement. Without limiting the generality of the foregoing, it is agreed that all compensation arrangements between the parties and the identities of Members shall specifically be considered proprietary and confidential.

### II. Term and Termination

1. The term of this agreement shall begin on the Effective Date listed on the signature page of this Agreement and shall continue in effect until terminated by either party pursuant to the terms of this Agreement.
2. This Agreement may be terminated (i) without cause by either party by giving the other party thirty (30) days prior written notice, or (ii) immediately by Dental Direct Benefits if Participating Dentist's license(s) is/are revoked, suspended or restricted or if his or her professional liability insurance is terminated or restricted, or (iii) immediately by Dental Direct Benefits upon the death or disability of Participating Dentists.
3. If this Agreement is terminated, each party shall remain liable for any obligations or liabilities arising from activities carried on by it hereunder prior to termination, and Participating Dentist shall continue to provide Dental Services under the terms of this Agreement as if it had not been terminated for all courses of treatment of Members that began prior to the termination of this Agreement until such treatment is completed.

### III. Dispute Resolution

1. Dental Direct Billing and Participating Dentist agree to meet and confer in good faith to resolve any problems or disputes that may arise.
2. In the event that any problem or dispute arising under this Agreement and/or concerning the terms of this Agreement is not satisfactorily resolved pursuant to Section 1 above, Dental Direct Benefits and Participating Dentist will arbitrate such problem or dispute. Such arbitration shall be initiated by either party making a written demand for arbitration to the other party. The arbitration will be conducted by the American Arbitration Association under the Commercial Rules of the American Arbitration Association, unless otherwise mutually agreed in writing by Dental Direct Benefits and Participating Dentist. Participating Dentist and Dental Direct Billing agree that the arbitration results shall be binding on both parties in any subsequent litigation or dispute.

### IV. Miscellaneous

1. Participating Dentist shall be solely responsible to Members for the method or means by which Participating Dentist renders dental treatment or service to Members. Participating Dentist shall be solely responsible for any acts or omissions relating to the diagnosis and treatment of Members. Nothing herein shall be construed as granting Dental Direct Benefits the right to engage in the practice of dentistry.
2. The parties are independent contractors, and nothing in this Agreement is intended to create nor shall it be construed to create any employment, agency, joint venture or partnership relationship between the parties. Dental Direct Benefits shall have no dominion or control over Participating Dentist, the dentist-patient relationship, participating Dentist's personnel or facilities, or Participating Dentist's services.
3. If any portion of this Agreement is found to be void or illegal, the validity or enforceability of any other portion shall not be affected. This Agreement shall be governed by the laws of the state of New York. Dental Direct Discount Membership Program
4. No waiver or any breach, privilege or provision hereunder shall be construed as a waiver of any other breach hereunder.
5. Any notice provided for in this Agreement shall be in writing, hand-delivered, mailed by certified mail, or sent by a nationally recognized delivery service as follows:

If to Dental Direct Benefits: To the address Shown on the Signature Page of this Agreement

If to Participating Provider: To the first address listed at the end of this Agreement

6. This Agreement constitutes the entire agreement between the parties as to the subject matter hereof. This Agreement may be amended at any time during its term upon thirty (30) days' prior written notice to Participating Dentist from Dental Direct Benefits.

## SIGNATURE

*Please sign and date below that you have read and agree to the terms provided in the Participating Dentist Agreement.*

\_\_\_\_\_  
Participating Dentist (type or print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Dental Direct Benefits**