



WELCOME TO THE EDP DENTAL PLAN

EDP Dental Plan has become one of New York's largest Membership Dental Plans with a **DIRECT PAY FEE SCHEDULE** which means more revenue for your practice. We are growing our Dentist network for our ever-expanding Membership. Here are some of our new provider benefits...

- ✓ **Increased Fee Schedule** (Lab fees are not included in the rates). Member pays your office at the time of service according to Direct Pay Fee Schedule.
- ✓ **Your office will have access to our "Online Eligibility Portal"!** Provide us with your office email and we will send you your log in credentials within 24 hours.
- ✓ **Instant Enrollment** – Patients can enroll in your lobby, while they wait, and get the work done that day.
- ✓ **We refer our members to our in-network providers.** With over 20 years of experience and one of the largest memberships in New York we can help you expand your practice.
- ✓ **Never a cost to our Providers**
 - No Claim Forms, Deductibles or Restrictions
 - No Limitations, Maximums, Exclusions or Paperwork
 - Patient pays you directly, according to the Fee Schedule at time of service
 - Fee-for-Service Plan

Contact Ken McElroy at (631) 648-7686 or KenM@EDPDental.com



Provider Application

Dentist Name _____

Practice Name _____

Street Address _____

City _____

State _____

Zip _____

Office Phone _____

Office Fax _____

Languages *(other than English)* _____

Additional Practice Information

Name _____

Street Address _____

City _____

State _____

Zip _____

Office Phone _____

Office Fax _____

T.I.N. or SS# _____

Specialty *(If any)* _____

Dental School _____

Year Graduated _____

Dental License # _____

State _____

Expiration Date _____

Are you Licensed by the DEA? Yes _____ No _____

Has your License ever been suspended or revoked? Yes _____ No _____

Professional Liability Insurance Company _____

Policy # _____

Does your office comply with OSHA guidelines? Yes _____ No _____

Would you offer a free first Prophylaxis Cleaning to EDP Dental Plan members? *(If yes, you will be highlighted in our directory)* Yes _____ No _____

Please email your completed application to Application@EDPDental.com or Fax to (631) 272-5231



State License: _____ Specialty: _____

Dentist Service Agreement

NOW THEREFORE, the parties do mutually contract and agree as follows:

- I. **PROVISION OF DENTAL SERVICES-** A. Dentist and all of Dentist's employees will be duly licensed to the laws of the state wherein they are practicing dentistry or any dental specialty and where they are performing the services specified herein. Dentist specifically warrants that such licenses have never been suspended, revoked, or subjected to any other professional discipline and that said licenses are not currently under disciplinary probation. B. Dentist will provide the dental services for the fees specified in the plan attached hereto and made a part of this agreement to those members of the plan. This plan is subjected to revision by EDP Dental Plan upon prior written notice. In the event the fee specified in the plan for a particular service exceeds the fee the dentist would charge a non-member for the same services, Dentist shall charge the member the lesser fee. EDP Dental will provide the Dentist with a means of determining member eligibility. C. Dentist shall receive payment for all fees specified in the plan directly from the member. EDP Dental Plan has no obligation to pay any part of the Dentist's fee for the services rendered to the member. EDP Dental is not an insurance company, an indemnity/PPO or a healthcare organization, nor is the reduced fee for the service plan underwritten by an insurance company. D. Dentists shall provide such services to the members with the same schedules, skill, care, and judgment that are provided to all patients in accordance with the standard of care in the community in which he practices. E. It is agreed that the Dentist shall provide such services during his normal working hours. Dentist also agrees that the office will be covered for emergencies during Dentist vacations and other times the office may be closed. F. If a member requires specialty treatment for any covered service, Dentist agrees to provide member with the name or names of the appropriate participating specialist in the area supplied by EDP Dental Plan. G. In the event the agreement is terminated for any reason, the Dentist shall notify any member currently in treatment or any member seeking further treatment of such termination. Dentist agrees to complete all work in progress at the time of termination. Notwithstanding the above, if the Dentist wishes to retain the EDP Dental Plan member as a patient, Dentist must continue to service that member at the prevailing fees and services schedule for as long as that patient is a member in good standing with EDP. H. It is expressly understood that the relationship between the individual members and the Dentist shall be subject to the rules, limitations, and privileges incident to the doctor-patient relationship. The Dentist shall be solely responsible without interference from EDP Dental Plan or its agents, to the member for the dental advice and treatment, including the right to refuse any individual member. Dentist must notify EDP Dental Plan immediately of the intention to invoke procedures of this provision.
- II. **NON-EXCLUSIVE-** This agreement is not exclusive in any respect, and EDP Dental is entitled to enter into similar agreements with any other Dentist. Dentist is also free to enter into similar agreements with other parties or with other groups not represented by EDP Dental Plan and to maintain Dentist's private practice. Dentist may not directly or indirectly solicit EDP Dental member into other dental service plans.
- III. **INDEMNIFICATION-** A. Dentist hereby agrees to hold harmless EDP Dental Plan, its affiliates, controlling companies, and the agents from and against all claims, suits, demands, actions, liabilities and losses that may arise out of an alleged malpractice or negligent act or omission to act, caused or alleged to have been caused by Dentist or any of his agents, employees, or partners in the performance or the omission of any professional duty assumed by the Dentist hereunder. This obligation to save and hold harmless EDP Dental Plan shall be inclusive of all dental services performed, whether scheduled under the plan, under the amendment hereto or under any new plan in which Dentist partakes. B. EDP Dental Plan also agrees to hold harmless the Dentist from and against all claims, suits, demands, liabilities, and losses that may arise out of any acts or omissions by EDP Dental Plan under this agreement. C. Dentist agrees that the names, account numbers, addresses and other data and information of its members constitute trade secrets and warrants and guarantees to forever hold in strict confidence all members' data given otherwise revealed to Dentist. Dentist warrants not to alter, copy, misappropriate, misuse, transfer, sell, deliver or divulge such member data under any circumstances to anyone other than Dentist employees or agents whose duties require access to such information and then only for the purpose of providing dental services hereunder. The obligations of this provision shall expressly survive any termination of this agreement.
- IV. **INDEPENDENT CONTRACTOR-** Dentist is an independent contractor in a performance of this agreement. Notice contained herein shall indicate that EDP Dental Plan is not responsible or liable for any dental work prescribed or performed by an independent contractor (dentist).
- V. **TERM AND TERMINATION-** A. This agreement shall commence on the date written below and shall remain in effect for one (1) year and be automatically renewed from year to year thereafter. B. Any violation of any provision of this agreement by Dentist shall be grounds for immediate termination of this agreement by EDP Dental Plan, including but not limited to the failure to schedule appointments as provided herein, failure to cooperate with EDP Dental Plan, failure to maintain the standard of dental care in accordance hereto. EDP Dental Plan may also terminate this agreement if it is found that the Dentist is providing unacceptable benefits or services at any time. EDP Dental Plan shall give the Dentist fifteen (15) days written notice of intent to terminate. Such continuing obligations after termination as set forth herein. C. In the event of termination of this agreement, Dentist agrees to forward to the member's new dentist, at the request of the member or new dentist, all patient records and x-rays within a reasonable period of time, which shall be defined as no more than thirty (30) days after Dentist is requested by member or member's new dentist to transfer material and a shorter period of time if member's treatment so requires it. D. After one year Dentist may terminate this agreement without cause upon giving sixty (60) days written notice to EDP Dental Plan.
- VI. **NOTICES-** Any notice required or permitted to be given hereunder shall be in writing and shall be served upon the other party personally or by registered or certified mail, postage prepaid. Any notice to EDP Dental Plan shall be addressed to the corporate headquarters at 424 Rosevale Avenue, Ronkonkoma, N.Y. 11779 and be addressed to the Dentist at his/her current address on file with EDP Dental Plan.
- VII. **NO WAIVER-** No waiver of any breach, privilege or provision hereunder shall be constructed as a waiver of any future breach.
- VIII. **INTERGRATION-** This agreement constitutes the entire agreement of the parties and may only be amended in writing signed by the parties and in the case of EDP Dental Plan, signed only by an officer.
- IX. **ASSIGNMENT-** This agreement may not be assigned by Dentist without the prior consent of EDP Dental Plan. EDP Dental Plan may assign its interest and suits under this agreement at its discretion.
- X. **GOVERNING LAW-** This agreement shall be interpreted and enforced in accordance with the laws of the state of New York, and any litigation regarding this agreement shall be conducted in New York.

IN WITNESS WHEREOF, EDP Dental Plan and Dentist have executed this agreement as the date shown below.

Dentist

Signature: _____

Print Name: _____

Date: _____

EDP Dental Plan

Signature: _____

Print Name: _____

Date: _____



Dental Office Questionnaire

We are collecting this data to enhance your online Dental Office Profile on our EDP Dental Plan website to assist our members in selecting an In-Network Provider.

Today's Date _____

Dental Office Name _____

Doctor(s) in Practice _____

Hours of Operation	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
_____	_____	_____	_____	_____	_____	_____	_____

Languages Spoken _____

Other than English

Do you Treat Children Yes _____ Minimum Age _____ No _____

Specialty Dental work Performed Yes _____ No _____

If Yes, please explain _____

(i.e., extractions, root canals, implants, etc.)

Do you Offer Sedation Yes _____ No _____

If Yes, please explain _____

Do you Offer Payment Plans and/or Financing? Yes _____ No _____

If Yes, please explain _____

Is there Public Transportation Access to your Office(s)? Yes _____ No _____

If Yes, please explain _____

Handicap Access Yes _____ No _____

Elevator Yes _____ No _____

Stairs Yes _____ No _____

Ample Parking for Patients Yes _____ No _____

Main Office Contact/Office Manager _____

Direct Telephone # _____

Thank you! We look forward to working with your practice.

Please email your completed questionnaire to Application@EDPDental.com or Fax to (631) 272-5231

424 Rosevale Avenue, Ronkonkoma NY 11779

Telephone: 800-777-1085 Fax: 631-272-5231

www.EDPDental.com