

**DENTIST MEMBERSHIP AND PARTICIPATION AGREEMENT  
Addendum**

**Participation for Medicare Eligible Plan Discount Program**

Delta Dental Administrative Offices, 500 Washington Avenue South, Suite 2060  
Minneapolis, Minnesota 55415-1163  
Phone (651) 406-5900 x4170, (800) 328-1188 x4170

In consideration for Delta Dental of Minnesota's ('DDMN') Agreement to include me as a provider for the Discount Program administered by DDMN for members of **Medicare Eligible Plans**, I represent and agree that:

- A. I am currently a dentist licensed in the state of \_\_\_\_\_.
- B. I hold a current Dentist Membership and Participation Agreement with DDMN.
- C. I will offer members of DDMN **Medicare Eligible Plans** a discount of 15% from my charges pre-filed with DDMN on all dental services not covered by the **Medicare Eligible Plans**, [refer to attachment A for covered dental services under the plan].
- D. I will offer this discount unless I provide written notice to DDMN of my termination of this addendum, sixty (60) days prior to the end of any calendar year.
- E. Upon such notice, my termination will be effective the first calendar day of the next calendar year.
- F. My discount of 15% of my normal (most frequently charged) fees for dental procedures uniformly charged to patients or third party payors can be validated by comparing my fees as pre-filed with DDMN, for the time period in which services are rendered.
- G. If the patient has a traditional dental benefit plan offered under a **Medicare Eligible Plan**, I will inform my **Medicare Eligible Plan** patients of the services that will be covered by the Plan and submitted to DDMN for payment. I will notify the **Medicare Eligible Plan** member at the time of service of any service not covered by their **Medicare Eligible Plan** and identify the 15% discount applied to those services.
- H. If the **Medicare Eligible Plans** patient has no traditional dental benefit plan offered under a **Medicare Eligible Plan**, I will provide a 15% discount to any dental service provided.
- I. The 15% discount will not be offered in conjunction with any other discount I offer patients and the discount applies regardless of the **Medicare Eligible Plan** patient's form of payment (cash, charge or check).
- J. The 15% discount applies to all locations where I currently practice and additional locations where I may practice in the future as identified to DDMN.
- K. This is an addendum to my Delta Dentist Membership and Participation Agreement and all of its terms and conditions remain in effect except as modified by this addendum.
- L. Claims for discounted services do not need to be submitted to DDMN.

**Definition:**

**Medicare Eligible Plan:** A dental benefit or discount program for members enrolled in a product administered by Delta Dental. This includes members covered under a different branded medical program where DDMN administers the dental benefit or program.

\_\_\_\_\_  
Typed or Printed Name of Dentist

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature of Dentist

\_\_\_\_\_  
Date