

Individual Dentist Contract

Signature Page

PLEASE SELECT WHICH EMBLEMHEALTH DENTAL NETWORK(S) YOU WOULD LIKE TO JOIN.					
Preferred Plus (includes the Preferred Premier Dental Access plans, where appli					
		Dental Acces	s plans, where		
DENTIST					
By signing below, I agree to participate in the Preferred Plus and/or Preferred EmblemHealth Plan, Inc. dental networks and to be bound by all terms and conditions of the attached EmblemHealth Plan, Inc. Dental Preferred Plus and/or Preferred Individual Dentist Contract.					
Signature:					
Name/Title:					
On Behalf of (if applicable):					
Date:					
Address:					
City		State		ZIP	
Phone Number:		Fax Number:			
Office Email Address:					
DEA # (if applicable):	Tax ID:		NPI #:		
CAQH ID:					

FOR EMBLEMHEALTH USE ONLY				
Signature:	Date:			

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.