



INDIVIDUAL DENTIST CONTRACT SIGNATURE PAGE FOR GROUP HEALTH INCORPORATED (GHI)*

PLEASE SELECT WHICH EMBLEMHEALTH DENTAL NETWORK(S) YOU WOULD LIKE TO JOIN.

Preferred Plus

Preferred

DENTIST

By signing below, I agree to participate in the Preferred Plus and/or Preferred GHI Dental networks and to be bound by all terms and conditions of the attached GHI Dental Preferred Plus and/or Preferred Individual Dentist Contract.

Signature:

Name/Title:

On Behalf of (if applicable):

Date:

Address:

Phone Number:

DEA # (if applicable):

Tax ID:

NPI #:

FOR EMBLEMHEALTH USE ONLY

Signature:

Date:

Agreement No.:

*GHI is an EmblemHealth company.