



# EXHIBIT B

## GROUP HEALTH INCORPORATED (GHI)\*

### ASSOCIATE DENTIST(S) LIST:

Practice Name:
Owner Name:
Address:
City, State, Zip:
Phone:
Fax:

TIN #:
Check Payable to:

### THE FOLLOWING DENTISTS ARE AFFILIATED WITH THE PRACTICE LISTED ABOVE:

Name:	Specialty:	License #:

\* GHI is an EmblemHealth company.

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