

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228

This document supplements the Delta Dental Premier program Participating Dentist Agreement between Delta Dental of Tennessee (DDTN) and the Dentist and states the terms of the Dentist's participation in DDTN's Delta Dental PPO (PPO) Program (i.e. a program administered by DDTN or any other Delta Dental in which a dentist has contracted to provide care at fees that are, in most cases, below the fees charged in the Delta Dental Premier Program).

In consideration of this membership, I agree:

1. That the fees charged for services provided to patients enrolled in the PPO Program shall not exceed the lesser of the Dentist's submitted fee or the fees shown on the PPO Fee Schedule. DDTN may revise the PPO Fee Schedule from time to time by written notice to the Dentist. No such revision shall apply retroactively to dental services provided prior to the effective date of the revision.
2. That I will schedule and provide services to patients enrolled in the PPO Program without discrimination because of their PPO eligibility and with the same high standards of dental care provided to all patients. Included are subscribers and covered dependents of Delta Dental National Accounts and DeltaUSA Account.
3. That I may terminate this Supplement by giving written notice to DDTN at any time. DDTN will notify the Dentist of the effective date of termination. DDTN may terminate this Supplement upon thirty (30) days written notice at any time, without cause.
4. That following termination of this Supplement for any reason, I shall advise patients who are enrolled in a PPO program that I am no longer a PPO Participating Dentist. If I fail to advise a PPO enrollee, I agree to be bound by all terms of this Supplement with respect to any dental services rendered.
5. That I understand that I am subject to this Supplement Agreement in addition to the provisions of my Delta Dental Premier Program Participating Dentist Agreement with DDTN, which includes DDTN's rules and regulations, bylaws, policies or standards applicable to Dentists.

After becoming a Participating Dentist in the PPO program, DDTN shall include the Dentist's name and address in all subsequent Delta Dental PPO Directory of Participating Dentists distributed to subscribers enrolled in the PPO program.



General Dentist Agreement

Delta Dental PPO

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228

Dentist Signature

Date

Dentist Name (printed)

License Number

Diplomat, Board of (if any)

Taxpayer Identification Number

Primary Office Street Address

City

State

Zip Code

Telephone

This application for appointment as a Participating General Dentist in DDTN is hereby accepted and the above named applicant is entitled to all rights and privileges of a PPO Participating Dentist.

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228-1669

By: _____
President & CEO of Delta Dental of Tennessee

Date