

THE DENTAL PRIVATE PRACTICE ASSOCIATION
PROVIDER FEE SCHEDULE UPDATE AGREEMENT

The submitted fee schedule update is in compliance with The Dental PPA agreement by submitting my lowest “accepted” or “contracted” fees from any insurance company currently in use by my practice.

Date: _____ Doctor’s Signature _____

VERIFICATION

___ I verify that I remain a member of the California Dental Association, or

___ I verify that I am a member in good standing of the following organization which provides an independent peer review and a disputed claims resolution process. The organization is:

(Name of Organization)

(Street Address)

(City, State and Zip Code)

Please submit this agreement along with your fee schedule to:

Administrative Solutions Inc. (ASI)

cchavez@asibenefits.com

ATTEN: Christina Chavez

Subject: The Dental PPA Fee Schedule Update

Or Fax: [559.475.5780](tel:559.475.5780)

ATTEN: Christina Chavez

Re: The Dental PPA Fee Schedule Update

Please provide fees from the accepted fee schedule of your choice, along with the dentist’s Full Name, Tax ID, Telephone Number, Address(s), Fax Number and Email Address. The Dental PPA will send you confirmation of the fees that are entered into the system.

Print Doctor’s Name _____ Specialty _____

Address _____

Tax ID _____ Email _____

Phone _____ Fax _____