



March 18, 2011

Dear Doctor:

Below is a list of the items needed in order to complete your file with TDA. You can send these items in via fax, email or paper mail.

- Signed Contract
- Provider Application
- W9
- Current State License
- DEA - Controlled Substance Registration Certificate
- Dentist Liability Policy Declaration - Malpractice

**A note of caution:** If your office has *more than one dentist, each submitting claims on behalf of your office*, please be sure that they file claims using your corporate Tax ID number, not their independent Social Security Number. **On the other hand**, if your office has *more than one dentist, each being independent and filing claims on their own behalf* they should file the claims using their own Tax ID Number or Social Security Number.

We appreciate your efforts in helping us keep our provider files accurate and up-to-date. Your speedy return of the requested information will help ensure timely processing of your dental claims.

Thank you for participating in our dental programs. We look forward to a prosperous year for our dental community!

Please feel free to contact me if you have any questions or concerns.

Thank you,

Misty Dial  
Provider Relations Coordinator  
[mdial@totaldentaladmin.com](mailto:mdial@totaldentaladmin.com)  
Phone - (801) 268-9740 ext 309  
Fax - (801) 268-9873

March 18, 2011

Dear Doctor,

THANK YOU for your interest in participating on the TDA program. Please take a few minutes to review the enclosed material.

We would be honored to have you participate as a PPO provider. As a contracted provider your office would be added to our website and other marketing material for review and referral by all TDA's PPO membership. Currently there are over 100,000 individuals insured by TDA. This and other ongoing negotiations will most certainly continue to bring quality dental patients and referrals to your office.

Please take a few minutes to review the enclosed material. It is our goal to present plans that are the most equitable in the insurance industry as well as the most easily administered.

***\*\*You will notice that there is no fee schedule attached. This is because TDA allows orthodontist to choose a discount off of their original fees to offer to TDA patients. We ask that this discount be between 15-25%. If you are interested please list the discount that your office has decided to offer on the contract. \*\****

We appreciate your consideration and look forward to welcoming you to our provider network. You may reach me at 801-268-9740, ext. 309 should you have any questions.

We look forward to hearing from you.

Best Regards,

Misty Dial  
Provider Relations Coordinator  
[mdial@totaldentaladmin.com](mailto:mdial@totaldentaladmin.com)

\* Groups participating with TDA are: Alpine, Granite, Nebo, Provo, Canyons and Jordan School Districts, Usana, Wasatch Property Management, Apartment Management Consultants, APX Alarms, Gold's Gym, Ace Disposal, Techna Glass, Harmons, Associated Food Stores, Merit Medical and many others.



Total Dental Administrators

969 East Murray Holladay Road #4E SLC, UT 84117
(800) 880-3536 or (801) 268-9740

Provider Membership Application

Doctor:
Name of Practice:
Address:
City/State/Zip:
Office Phone #:
Fax #:
Office Manager:
Office Email:
College Attended:
Date of Degree:
Degree: DDS DMD
Specialist General
Specialty:

Tax ID #:
NPI #:
DEA #:
Office Hours:
Years at current location:
Average # of patients per month:
# of Hygienists:
Minimum age of patient:
In house lab? Yes No
Emergency Services : Yes No
Has your license ever been suspended or revoked?
Yes No
If yes, explain:

Languages Spoken:
Names of other Dentists in your office:
List other PPO plans you participate with:
Plans for relocation or expansion (if any):

I verify that the above information is accurate and true. I understand that my application is not an agreement nor does completion of this application entitle me to provider care for participants as a TDA-PPO Provider.

Signature of Applicant

Date

- Transcripts Required
Signed Contract
W9
License
DEA (Controlled Substance)
Malpractice Information

**TOTAL DENTAL ADMINISTRATORS, INC.  
PROVIDER AGREEMENT**

969 East Murray Holladay Road, Suite 4E SLC, UT 84117  
(800) 880-3536 or (801) 268-9740

This agreement is entered into by and between Total Dental Administrators, Inc. (hereinafter "TDA") and \_\_\_\_\_ (hereinafter referred to as "Provider")

**I. DEFINITIONS**

1. Participant: An individual who has enrolled in the TDA, Inc. PPO-Plan
2. Provider: An individual, partnership, professional corporation, their agents, or employees who are lawfully licensed under the laws of the State where the dental services are rendered and who shall provide professional dental services to Participants at their respective offices, under the terms of this Agreement.
3. **Dental Services:** Those professional dental services to eligible Participants under a dental program which accesses by Agreement with TDA, Inc. the TDA-PPO.
4. **Fee Schedule:** The schedule of procedures and applicable fees is attached hereto. Any procedures not listed may be covered and the applicable fees will be determined by TDA in the same manner used to establish the attached schedule of procedures and fees.

**II. DUTIES AND OBLIGATIONS**

1. PROVIDER agrees to accept the Fee Schedule for Dental Services by TDA, Inc. as payment in full for all Participants.
2. PROVIDER hereby agrees to provide professional dental services to Participants which shall be identical in all respects to those dental services rendered to non-participants.
3. PROVIDER shall provide all dental services, equipment, supplies, staff, billing and collection procedures necessary to provide the dental services to Participants.
4. PROVIDER agrees to defend, indemnify and hold TDA harmless from and against any claim, lawsuit, liability, damages, judgement and cost of litigation including attorney's fees arising out of such PROVIDER'S negligence, malpractice, errors or omissions in providing dental services and/or products, except to the extent that TDA's insurer provides insurance coverage of the act or omission complained of.
5. PROVIDER shall maintain a valid current policy of professional liability insurance acceptable to TDA and will supply TDA with a certificate of insurance. Further, PROVIDER agrees to immediately notify TDA with respect to any impending change, cancellation, or other modification of such insurance.
6. PROVIDER covenants and agrees not to use or disclose the identity of Participants or TDA's name or goodwill, or any other confidential and/or trade secret information which PROVIDER has received or acquired as a result of this Agreement, nor solicit, divert, or assist any other person or entity in so soliciting or diverting any Subscriber or Participant to leave the program.
7. PROVIDER will complete dental treatment of a Participant in accordance with the terms hereof, or at the Participant's request transfer records and x-rays to another Provider in the event this Agreement is terminated.
8. PROVIDER will cooperate and participate in the Peer Review and Quality Assurance programs established by TDA.

**III. DUTIES AND OBLIGATIONS OF TDA**

1. TDA shall require all contracting carriers of TDA-PPO to issue to all Participants identification cards and initial service cards which will enable PROVIDERS to identify Participants enrolled in the PPO Plan. TDA agrees that PROVIDER shall have the right to require Participants to display such identification cards prior to performing dental services; and the right to contact Participant's Plan for eligibility and benefit verification.
2. TDA shall periodically publish and provide to Participants a listing of the name, address and area(s) of practice of PROVIDER.
3. TDA shall upon reasonable notice and at the Provider's office, review and photocopy records of such procedures which will allow TDA to effectively monitor compliance of Provider with the PPO Plan.
4. TDA agrees to defend, indemnify and hold PROVIDER harmless from and against any claim, lawsuit, liability, damages, judgement and cost of litigation including attorney's fees arising

out of acts of TDA, except to the extent that PROVIDER'S insurer provides insurance coverage of the act of omission complained of.

**IV. TERMS OF AGREEMENT**

1. This Agreement shall begin on the date designated below and shall remain in effect for one (1) year and be automatically renewed from year-to-year thereafter, subject however to cancellation by either party without cause upon the giving on ninety (90) days written notice to the other.
2. This Agreement shall also automatically terminate upon the violation of any of the terms of this agreement.

**V. ASSIGNMENT**

1. **Independent Contractor.** Nothing contained herein shall be constructed to create the relationship of employer/employee, partner, joint ventures or principal/agent between the parties hereto. PROVIDER shall be and remain an independent contractor, solely responsible for its employees and agents and TDA, Inc. Will not interfere or control, in any manner, the rendering of dental services by PROVIDER or his agents. PROVIDER will be solely responsible for the quality of treatment provided to Participants.
2. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Utah.
3. **Non-Exclusivity.** This agreement does not prevent provider from entering into similar PROVIDER agreements with other organizations which offer a program similar to the PPO-Plan.
4. **Separability.** Each provision of this Agreement shall be considered separable and, if for any reason, any provision shall be deemed invalid, void, unenforceable or contrary to any existing or future law, such invalidity shall not impair the operation of or affect those provisions of this Agreement which are valid.
5. **Amendment.** This Agreement may not be modified, amended or changed without the prior written consent of all parties hereto.
6. **Entire Agreement.** This Agreement, including the appendix and fee schedule, set forth all her representations, promises, agreements and understandings between the parties hereto. This Agreement may be executed in several counterparts, each of which shall be deemed to be an original copy of all which together shall constitute one agreement binding on all parties hereto.
7. **Notices.** All notices required or contemplated under this Agreement shall be in writing and shall be sent by certified mail, postage prepaid, addressed to the other party at the address on the signature page hereof.

**IN WITNESS WHEREOF,** The parties hereunto have affixed their signatures and seals on the day first above written.

**PROVIDER:**  
**BY:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**Name/ Address (please print):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL DENTAL ADMINISTRATORS, INC.**  
**BY:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_  
**Tax I.D./Social Security#** \_\_\_\_\_

**Additional Office Location:**