

Please return this completed form to: United Concordia Companies, Inc.
 Provider Data Management
 P.O. Box 69415
 Harrisburg, PA 17106
 Fax to Provider Data Management at (866) 223-2770

CHECK AS APPROPRIATE	<input type="checkbox"/> Request for new Group Account <input type="checkbox"/> Add/Delete dentist(s) to an existing Group Account
-----------------------------	--

DENTAL GROUP ACCOUNT INFORMATION

Name of Account			
Practice Address (P.O. Box Numbers will NOT be accepted)		Mailing Address (if applicable)	
Practice Phone #		Practice Fax #	
A copy of the notification or coupon from the IRS MUST be attached.	IRS #	NPI #	NPI Entity Type <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
Type of Corporation <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Partnership		Please indicate the dental network(s) in which you wish to enroll: <input type="checkbox"/> UCCI – Parnet Advantage <input type="checkbox"/> Concordia Preferred <input type="checkbox"/> National Fee for Service	

NAME(S) OF DENTAL GROUP ACCOUNT MEMBERS (NEW GROUP ACCOUNT REQUESTS)					
--	--	--	--	--	--

Dentist Name	UCCI Provider ID #	NPI Number	SSN	Specialty	Dentist Signature

***By providing my signature above, I agree to abide by the Dental Group Account Agreement listed on the reverse side of this form.**

NAME(S) TO ADD AND/OR DELETE TO EXISTING DENTAL GROUP ACCOUNT							
Dentist Name	UCCI Provider ID #	NPI Number	NPI Type (1 or 2)	SSN	Specialty	Dentist Signature*	Circle change
							Add / Delete
							Add / Delete
							Add / Delete
							Add / Delete
							Add / Delete

***By my signature above, I, as a member of this account, fully agree to abide by the Group Account requirements listed below.**

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR DENTIST(S) BEING DELETED FROM THE GROUP ACCOUNT					
Dentist Name	UCCI Provider ID #	NPI Number	NPI Type (1 or 2)	New Address	New Telephone Number

UNITED CONCORDIA COMPANIES, INC. DENTAL GROUP ACCOUNT AGREEMENT	
<p>1. We hereby agree that _____ (the "Account") will bill only for those services performed by the individual members of the Account.</p> <p>2. We certify that the IRS Number given for the Account is the one assigned to the group. If this is not the case, we will identify the entity whose IRS Number is being used.</p> <p>3. We certify that each member of the Account agrees to assign his/her fee to the Account.</p> <p>4. We agree that every claim submitted for United Concordia Companies, Inc. Subscribers/beneficiaries will identify the individual provider who performed the service.</p> <p>5. We agree that the Account and each individual member will be jointly and severally liable for any overpayment that the Account may receive.</p> <p>6. We agree to notify United Concordia Companies, Inc. in writing of any subsequent changes in the membership of the Account prior to the effective date of each change.</p> <p>7. We agree to timely completion and return of the United Concordia Companies, Inc. Dental Group Account Information Update form. This form will be mailed to the Account each year for verification of current Account membership, location of practice, specialties of member providers, and other pertinent information. We understand that failure to respond may result in the termination of the Dental Group Account.</p> <p>8. We have carefully reviewed the Request for Dental Group Account and Dental Group Account Agreement, and each member has verified the accuracy and completeness of all information provided.</p>	
*Signature of Authorized Representative of Group (Must be a Professional Member of this Account.)	Date
Title	Area Code/Phone #
<p>As the Authorized Representative of the Group, I verify that all members have reviewed this document and have authorized me to sign this Agreement on behalf of the Group.</p>	