

AMENDMENT TO DELTACARE® USA PROVIDER AGREEMENT - GENERAL DENTIST CALIFORNIA

This Amendment to DeltaCare USA Provider Agreement ("Amendment") is between the undersigned dentist, dental partnership or professional dental corporation ("Dentist") and the entity listed on the signature page of this Amendment ("Company"). The provisions of this Amendment are to be effective on the Effective Date stated on the signature page and are intended to apply to the contracting Dentist and to each Associate Dentist rendering dental services pursuant to the DeltaCare USA Network Provider Agreement previously entered into between the parties. This Amendment shall apply to all enrollees assigned to:

Facility Name: _____ Facility ID#: _____

1. In addition to monthly capitation payments in accordance with Section 3.0 of the Provider Agreement, Company agrees to pay Dentist in accordance with minimum procedural guaranteed amounts listed below, less applicable patient copayments:

Code	Nomenclature	Amount
D1110	prophylaxis - adult	\$20.00
D1120	prophylaxis - child	\$20.00
D2740	crown - porcelain/ceramic	\$250.00
D2750	crown - porcelain fused to high noble metal	\$250.00
D2751	crown - porcelain fused to predominantly base metal	\$250.00
D2752	crown - porcelain fused to noble metal	\$250.00
D2780	crown - ¾ cast high noble metal	\$250.00
D2781	crown - ¾ cast predominantly base metal	\$250.00
D2782	crown - ¾ cast noble metal	\$250.00
D2783	crown - ¾ porcelain/ceramic	\$250.00
D2790	crown - full cast high noble metal	\$250.00
D2791	crown - full cast predominantly base metal	\$250.00
D2792	crown - full cast noble metal	\$250.00
D2794	crown - titanium	\$250.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$100.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$200.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$300.00
D4341	periodontal scaling & root planing - four or more teeth per quadrant	\$20.00
D4342	periodontal scaling & root planing - one to three teeth per quadrant	\$20.00
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$20.00
D5110	complete denture - maxillary	\$200.00
D5120	complete denture - mandibular	\$200.00
D5130	immediate denture - maxillary	\$200.00
D5140	immediate denture - mandibular	\$200.00
D5213	maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$250.00
D5214	mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$250.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$250.00

Code	Nomenclature	Amount
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$250.00
D5225	maxillary partial denture - flexible base (including any conventional clasps, rests and teeth)	\$200.00
D5226	mandibular partial denture - flexible base (including any conventional clasps, rests and teeth)	\$200.00
D5710	rebase complete maxillary denture	\$40.00
D5711	rebase complete mandibular denture	\$40.00
D5720	rebase maxillary partial denture	\$40.00
D5721	rebase mandibular partial denture	\$40.00
D5730	reline complete maxillary denture (chairside)	\$40.00
D5731	reline complete mandibular denture (chairside)	\$40.00
D5740	reline maxillary partial denture (chairside)	\$40.00
D5741	reline mandibular partial denture (chairside)	\$40.00
D5750	reline complete maxillary denture (laboratory)	\$40.00
D5751	reline complete mandibular denture (laboratory)	\$40.00
D5760	reline maxillary partial denture (laboratory)	\$40.00
D5761	reline mandibular partial denture (laboratory)	\$40.00
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$20.00

2. Dentist must report accurate encounter data in a format required by Company by the last day of the month in order to receive timely payment. Company shall pay procedural guarantee to Dentist on a monthly basis. Procedural guarantee payments are subject to Company review and approval of the services as being in accordance with Company's quality of care guidelines and within the scope of coverage of the DeltaCare USA plan. Dentist will receive a \$3.00 encounter fee payment through completed and accurate encounter submission, when applicable.
3. Dentist's practice shall remain open to all eligible DeltaCare USA enrollees and shall comply with Company's standards for access to services for the duration of the Agreement. In the event Company closes Dentist's office to further assignment of any DeltaCare USA Plan enrollees, this Amendment may be discontinued and Company reserves the right to transfer some or all existing enrollees to another contracted dentist.
4. This Amendment shall become effective upon receipt and countersignature, and shall remain in effect until terminated by either party. Either party may terminate this Amendment for any reason at the end of a month by giving the other party thirty (30) days prior written notice, or upon termination of the Provider Agreement.

5. This Amendment supersedes and cancels any previous Amendment related to compensation between Dentist and Company. All terms of the Agreement shall remain in effect.

(Insert Name of Dentist, Partnership or Professional Group)

Authorized Signature

Print Name and Title (if applicable) of person signing

Date: _____

DeltaCare USA Facility ID#: _____

Delta Dental of California

By: _____
Signature

Title

Date: _____

Amendment Effective Date: _____