DDS

inc.

Dental Plans
265 Post Avenue, Ste. 340
Westbury, NY 11590
(516) 794-7700
Fax (516) 794-7762

Name of Dental Location _____
Address of Location: _____
_____

Dental Location Tax ID#: _____ Provider #: _____

Dear Dr.,
As per your request to remove from DDS, Inc. as a participating PROVIDER, please review, sign and return to my attention

This is to confirm our request to terminate participation with DDS, Inc.

Request for Termination **Tax ID #:** _____

I, _____hereby request removal as a participating **location**
(Name of Dentist/Specialist)

Your ***termination date*** will become effective 30 days from the day DDS, Inc. is in receipt of this notice. TERMINATION DATE: _____

The following unions to be removed: _____

Upon signing this form, my office will terminate from the above unions of DDS, Inc.

I am notifying DDS, Inc. to terminate this agreement and I will finish any cases that have begun while this agreement was in effect as per the fee schedule.

_____ _____
Signature of Dentist Date Signed
This must be signed and dated and returned to me before your office is removed as a participating provider.

Any questions, please contact me direct at (516) 794-7700 ext. 232
Sincerely,

Carol Marando
Provider Relations Director

DDS

inc.

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Westbury, NY 11590
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_____

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It is unfortunate that your office has decided to terminate your participation with DDS, Inc.

If there are reasons that we can help correct that would allow your location to continue participation, please advise so I can be made aware of any problem you may have encountered.

If you can supply the reason(s) why you are choosing to terminate participation this may help in the future to better accommodate our dentists and/or members. Please be specific

_____

_____

_____

Also if there are specific services on any of fee schedules that lead you to terminate your participation, please advise below. This will help us better serve our members in the future.

Service Code	Description	Comments

Any questions, please contact me direct at (631) 741-8646.
Sincerely,

Carol Marando
Provider Relations Coordinator
Date: _____