

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.,

This is notification to remove the following participating PROVIDER from our office location.

Request for Termination

Doctor NPI #: _____

_____ is no longer a participating provider at the above location

(Name of Dentist/Specialist)

effective: _____

I am notifying DDS, Inc. to terminate this agreement for the above referenced doctor and if doctor is currently servicing patient(s), this doctor 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 this doctor can be removed as a participating provider.

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

Sincerely,

Carol Marando
Provider Relations Coordinator

Date: _____

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It is unfortunate that your office has decided to terminate your participation with DDS, Inc. for the union(s): _____

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.

Also if there is 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.

<u>Service Code</u>	<u>Description</u>	<u>Comments</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Sincerely,

Carol Marando
Provider Relations Coordinator