



DENTAL GROUP CONTRACT

SIGNATURE PAGE FOR

GROUP HEALTH INCORPORATED (GHI)*

PLEASE SELECT WHICH EMBLEMHEALTH DENTAL NETWORK(S) YOU WOULD LIKE TO JOIN.

☐ **Preferred Plus**

☐ **Preferred**

DENTIST

By signing below, I agree to participate in the Preferred Plus and/or Preferred GHI Dental networks and to be bound by all terms and conditions of the attached GHI Dental Preferred Plus and/or Preferred Dental Group Contract.

Signature:

Name/Title:

On Behalf of (if applicable):

Date:

Address:

Phone Number:

DEA # (if applicable):

Tax ID:

FOR EMBLEMHEALTH USE ONLY

Signature:

Date:

Agreement No.:

*GHI is an EmblemHealth company.

Group Health Incorporated (GHI), GHI HMO Select, Inc. (GHI HMO), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.