



ADMINISTRATIVE
Services Only, Inc.

**SELF- INSURED DENTAL SERVICES
DENTAL PLAN ADMINISTRATORS**

303 MERRICK ROAD
LYNBROOK, NY 11563
800-537-1238 / 877-414-4069 (fax)
www.asonet.com

INVITATION TO PARTICIPATE

Dear Doctor,

ASO/SIDS invites you to apply for participation in our two newest networks, Metrodent Premier Plus and Metrodent Max.

ASO/SIDS serves more than 800,000 participants of some of the largest and most prestigious plans in the New York Metropolitan Area with membership nationwide. We have specialized in the administration of dental plans since 1970. Our experience in dental practice and dental plan administration enables us to intelligently address the concerns of all the involved parties: dentists, participants, and plan sponsors. We are committed to making your participation rewarding by bringing you a meaningful flow of patients at reasonable reimbursement rates.

Please review the enclosed materials and if you feel you can abide by the Schedule of Maximum Charges of one or both of the Networks, please apply to participate.

If you currently participate with one or more networks administered by ASO/SIDS, your decision to apply, or not to apply for membership in one of these networks will not affect your existing participation status. These networks will not replace our existing networks but will be added as options for existing clients to migrate to, as well as for new clients.

Our credentialing process helps to ensure that you will be associating yourself with networks that will reflect positively on your practice.

If you have any questions or require additional information regarding the program or any other Participating Provider Organization administered by Administrative Services Only, please call Ellen Mahoney at (516) 394-9494.

Very Truly Yours,

Ellen Mahoney

Ellen Mahoney
Provider Relations



2 SIMPLE WAYS TO APPLY TO PARTICIPATE

Online Application

- 1) Log onto www.asonet.com/Dentists
- 2) Click Become a Participating Dentist
 - ▶ Click Online Application
 - ▶ Fill in Office Information
 - ▶ Complete Application for Each Dentist at Location
 - ▶ Upload or Fax Forms to ASO
 - ▶ ESign Application

Paper Application

For Office

- ▶ Complete the Office Profile
- ▶ Provide a copy of a completed W-9 Form for each separate tax identification number

For Each Dentist in the Office

- ▶ Complete an Application (make copies as needed)
- ▶ Complete Attestation (make copies as needed)
- ▶ Sign the Letter of Agreement for Each Dentist (make copies as needed)
- ▶ Provide a copy of your current State License and Current State Registration
- ▶ Provide a copy of your Curriculum Vitae for the last five years
- ▶ Provide a copy of specialty certificate or American Board Certification, if applicable
- ▶ Provide a copy of anesthesiology certificate, if applicable
- ▶ Provide a copy of your current Controlled Dangerous Substance Registration, if applicable according to State Law
- ▶ Provide a copy of your current DEA Certificate
- ▶ Provide a copy of the Declaration Page of your current Malpractice Insurance showing the expiration date and limits of \$1 million/\$3 million

Return this Application to:

Administrative Services Only/Self - Insured Dental Services
Provider Relations Department
P.O. Box 9005
303 Merrick Road
Lynbrook, N.Y. 11563

If you have any questions, comments, or suggestions, contact Provider Relations
Department: **Phone: 516-394-9494**
Fax: 877-414-4069

DIAGNOSTIC AND PREVENTATIVE

Periodic Oral Evaluation - Established Patient	24.00
Limited Oral Evaluation - Problem Focused	24.00
Oral Evaluation Under Three Years of Age	24.00
Comprehensive Oral Evaluation - New or Established Patient	30.00
Detailed and Extensive Oral Evaluation - Problem Focused	30.00
Re-Evaluation - Limited, Problem Focused	25.00
Comprehensive Periodontal Eval - New or Established Patient	30.00
Intraoral - Complete Series (Including Bitewings)	60.00
Intraoral - Periapical First Film	10.00
Intraoral - Periapical Each Additional Film	6.00
Intraoral - Occlusal Film	15.00
Extraoral - First Film	35.00
Extraoral - Each Additional Film	25.00
Bitewing - Single Film	10.00
Bitewings - Each Additional	6.00
Vertical Bitewing 7 to 8 Radiographic Images	35.00
Panorex	50.00
Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	40.00
Sialography	50.00
Temporomandibular Joint Arthrogram, Including Injection	200.00
Other Temporomandibular Joint Radiographic Images by Report	80.00
Tomographic Survey	175.00
Cephalometric Film	50.00
Oral/Facial Photographic Images	25.00
Cone Beam-Three Dimensional Images	200.00
Collection of Microorganisms For Culture and Sensitivity	25.00
Genetic Test for Susceptibility to Oral Disease	25.00
Aids in Detection of Mucosal Abnormalities	35.00
Pulp Vitality Tests	20.00
Diagnostic Casts	40.00
Accession of Tissue Gross Exam Prep Trans of Written Report	40.00
Microscopic Exam Including Surgical Margin Presence of Disease	40.00
Dry Accession of Trans Cytologic Micro Exam Prep & Trans	50.00
Other Oral Pathology Procedures by Report	40.00
Prophylaxis - Adult	45.00
Prophylaxis - Child	35.00
Topical Application of Fluoride Varnish	20.00
Topical Application of Fluoride - Child	20.00
Nutritional Counseling for Control of Dental Disease	15.00
Tobacco Counseling -Control and Prevention of Oral Disease	15.00
Sealant - Per Tooth	25.00
Space Maintainer - Fixed - Unilateral	190.00
Space Maintainer - Fixed - Bilateral	225.00
Space Maintainer - Removable - Unilateral	185.00
Space Maintainer - Removable - Bilateral	250.00
Re-Cementation of Space Maintainer	40.00

PERIODONTICS

Gingivectomy or Gingivoplasty - Four or More Teeth per Quad	250.00
Gingivectomy or Gingivoplasty - One to three teeth per Quad	150.00
Gingival Flap Procedure-Four or More Teeth	250.00
Gingival Flap Procedure-One to Three Teeth	150.00
Clinical Crown Lengthening Hard Tissue	400.00
Osseous Surgery - Four or More Contiguous Teeth per Quad	525.00
Osseous Surgery - One to Three Contiguous Teeth per Quad	315.00
Bone Replacement Graft - First Site in Quadrant	150.00
Bone Replacement Graft - Additional Site in Quad	125.00
Pedicle Soft Tissue Graft Procedure	300.00
Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	325.00
Perio Scaling and Root Planing - Four or More Teeth per Quad	75.00
Perio Scaling and Root Planing One to Three Teeth per Quad	45.00
Full Mouth Debridement -Enable Comp Evaluation and Diagnosis	45.00
Localized Delivery of Antimicrobial Agents per Tooth, by Report	45.00
Periodontal Maintenance	60.00

RESTORATIVE

Amalgam - One Surface, Primary or Permanent	55.00
Amalgam - Two Surfaces, Primary or Permanent	70.00
Amalgam - Three Surfaces, Primary or Permanent	80.00
Amalgam - Four or More Surfaces, Primary or Permanent	95.00
Resin Based Composite One Surface Anterior	60.00
Resin-Based Composite - Two Surfaces, Anterior	75.00
Resin-Based Composite - Three Surfaces, Anterior	90.00
Resin-Based Composite - 4 or More Surfaces or Incisal Angle (Anterior)	100.00
Resin Based Composite Crown Anterior	200.00
Resin-Based Composite - One Surface, Posterior	75.00
Resin-Based Composite - Two Surfaces, Posterior	100.00
Resin-Based Composite - Three Surfaces, Posterior	115.00
Resin-Based Composite - Four or More Surfaces, Posterior	125.00
Inlay - Metallic - One Surface	275.00
Inlay - Metallic - Two Surfaces	350.00
Inlay - Metallic - Three or More Surfaces	375.00
Onlay - Metallic-Two Surfaces	400.00
Onlay - Metallic-Three Surfaces	450.00
Onlay - Metallic-Four or More Surfaces	475.00
Inlay - Porcelain/Ceramic - One Surface	350.00
Inlay - Porcelain/Ceramic - Two Surfaces	425.00
Inlay - Porcelain/Ceramic - Three or More Surfaces	500.00
Onlay - Porcelain/Ceramic - Two Surfaces	400.00
Onlay - Porcelain/Ceramic - Three Surfaces	500.00
Onlay - Porcelain/Ceramic - Four or More Surfaces	475.00
Inlay - Resin-Based Composite - One Surface	200.00
Inlay - Resin-Based Composite - Two Surfaces	250.00
Inlay - Resin-Based Composite - Three or More Surfaces	300.00
Onlay - Resin-Based Composite - Two Surfaces	300.00
Onlay - Resin-Based Composite - Three Surfaces	350.00
Onlay - Resin-Based Composite - Four or More Surfaces	400.00
Crown Resin Based Composite Indirect	200.00
Crown 3/4 Resin Based Composite Indirect	200.00
Crown - Resin with High Noble Metal	500.00
Crown Resin Predominantly Base Metal	450.00
Crown Resin with Noble Metal	475.00
Crown - Porcelain/Ceramic Substrate	550.00
Crown - Porcelain Fused to High Noble Metal	625.00
Crown Porcelain Fused to Predominantly Base Metal	575.00
Crown-Porcelain Fused to Noble Metal	625.00
Crown 3/4 High Noble Metal	550.00
Crown 3/4 Cast Predominantly Base Metal	500.00
Crown 3/4 Porcelain Ceramic	475.00
Crown 3/4 Cast Noble Metal	500.00
Crown - Full Cast High Noble Metal	500.00
Crown Full Cast Predominantly Base Metal	475.00
Crown - Full Cast Metal	475.00
Crown Titanium	525.00
Provisional Crown	75.00
Recement Inlay, Onlay, or Partial Coverage Restoration	40.00
Recement Cast or Prefabricated Post and Core	40.00
Recement Crown	40.00
Prefabricated Porcelain Ceramic Primary Tooth	100.00
Prefabricated Stainless Steel Crown - Primary Tooth	100.00
Prefabricated Stainless Steel Crown - Permanent Tooth	100.00
Sedative Filling	40.00
Core Buildup, Including Any Pins	75.00
Pin Retention - Per Tooth, in addition to Restoration	30.00
Post and Core in addition to Crown, Indirectly Fabricated	160.00
Prefabricated Post and Core in addition to Crown	120.00
Post Removal (Not In Conjunction with Endodontic Therapy)	75.00
Labial Veneer (Resin Laminate) - Laboratory	250.00
Labial Veneer (Porcelain Laminate) - Laboratory	375.00

METRODENT PREMIER PLUS

Schedule of Maximum Charges

PROSTHODONTIC

Complete Denture - Maxillary.....	725.00
Complete Denture - Mandibular.....	725.00
Immediate Denture - Maxillary.....	725.00
Immediate Denture - Mandibular.....	725.00
Maxillary Partial Denture - Resin Base.....	550.00
Mandibular Partial Denture - Resin Base.....	550.00
Maxillary Partial Denture - Cast Metal Frame with Resin Bases.....	750.00
Mandibular Partial Denture - Cast Metal Frame with Resin Bases.....	750.00
Removable Unilateral Partial Denture - One Piece Cast Metal.....	275.00
Adjust Complete Denture - Maxillary.....	40.00
Adjust Complete Denture - Mandibular.....	40.00
Adjust Partial Denture - Maxillary.....	40.00
Adjust Partial Denture - Mandibular.....	40.00
Repair Broken Complete Denture Base.....	100.00
Replace Missing or Broken Teeth - Complete Denture.....	90.00
Repair Resin Denture Base.....	90.00
Repair Cast Framework.....	115.00
Repair or Replace Broken Clasp.....	90.00
Replace Broken Teeth - per Tooth.....	90.00
Add Tooth to Existing Partial Denture.....	90.00
Add Clasp to Existing Partial Denture.....	105.00
Rebase Complete Maxillary Denture.....	165.00
Rebase Complete Mandibular Denture.....	165.00
Rebase Maxillary Partial Denture.....	140.00
Rebase Mandibular Partial Denture.....	140.00
Reline Complete Maxillary Denture (Chairside).....	120.00
Reline Complete Mandibular Denture (Chairside).....	120.00
Reline Maxillary Partial Denture (Chairside).....	105.00
Reline Mandibular Partial Denture (Chairside).....	105.00
Reline Complete Maxillary Denture (Laboratory).....	165.00
Reline Complete Mandibular Denture (Laboratory).....	165.00
Reline Maxillary Partial Denture (Laboratory).....	150.00
Reline Mandibular Partial Denture (Laboratory).....	150.00
Pontic - Cast High Noble Metal.....	500.00
Pontic - Porcelain Fused to High Noble Metal.....	550.00
Pontic - Resin with High Noble Metal.....	500.00
Retainer - Cast Metal for Resin Bonded Fixed Prosthesis.....	275.00
Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis.....	275.00
Crown - Resin with High Noble Metal.....	500.00
Crown - Porcelain Fused to High Noble Metal.....	625.00
Recement Fixed Partial Denture.....	50.00
Precision Attachment.....	175.00

IMPLANTS

Surgical Placement of Implant Body: Endosteal Implant.....	1,200.00
Prefabricated Abutment - Includes Placement.....	500.00
Custom Abutment - Includes Placement.....	500.00
Abutment Supported Porcelain/Ceramic Crown.....	750.00
Abutment Sup Porc Fused to Metal Crown (High Noble Metal).....	750.00
Abutment Sup Porc Fused to Metal Crown (Pred Base Metal).....	750.00
Abutment Supp Porc Fused to Metal Crown (Noble Metal).....	600.00
Abutment Supported Cast Metal Crown (High Noble Metal).....	750.00
Abutment Supp Cast Metal Crown (Predominantly Base Metal).....	725.00
Abutment Supported Cast Metal Crown (Noble Metal).....	715.00
Abutment Supported Crown - (Titanium).....	500.00
Implant Supported Porcelain/Ceramic Crown.....	975.00
Implant Supported Porcelain Fused to Metal Crown.....	975.00
Implant Supported Metal Crown.....	750.00
Abutment Supported Retainer for Porcelain/Ceramic FPD.....	725.00
Abut Supp Retainer for Porc Fused to Metal FPD (High Noble).....	725.00
Abut Supp Retainer for Porc Fused to Metal FPD (Base Metal).....	725.00
Abut Supp Retainer for Porc Fused to Metal FPD (Noble Metal).....	750.00
Abut Supp Retainer for Cast Metal FPD (High Noble Metal).....	650.00
Abut Supp Retainer for Cast Metal FPD (Base Metal).....	600.00
Abutment Supported Retainer for Cast Metal FPD (Noble Metal).....	650.00
Abutment Supported Retainer Crown for FPD - (Titanium).....	750.00
Implant Supported Retainer for Ceramic FPD.....	700.00
Implant Supported Retainer for Porcelain Fused to Metal FPD.....	685.00
Implant Supported Retainer for Cast Metal FPD.....	675.00

ENDODONTICS

Pulp Cap - Direct (Excluding Final Restoration).....	30.00
Pulp Cap - Indirect (Excluding Final Restoration).....	20.00
Therapeutic Pulpotomy (Excl Final Restoration).....	80.00
Pulpal Debridement Primary and Permanent.....	40.00
Endodontic Therapy, Anterior Tooth (Excluding Final Restoration).....	350.00
Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration).....	425.00
Endodontic Therapy, Molar (Excluding Final Restoration).....	600.00
Retreatment of Previous Root Canal Therapy - Anterior.....	450.00
Retreatment of Previous Root Canal Therapy - Bicuspid.....	525.00
Retreatment of Previous Root Canal Therapy - Molar.....	700.00
Apicoectomy/Periradicular Surgery - Anterior.....	250.00
Apicoectomy/Periradicular Surgery - Bicuspid (First Root).....	250.00
Apicoectomy/Periradicular Surgery - Molar (First Root).....	250.00
Apicoectomy/Periradicular Surgery (Each Additional Root).....	150.00
Retrograde Filling - per Root.....	100.00
Root Amputation - per Root.....	200.00
Hemisection (Including Any Root Removal), Not Including RCT.....	200.00

ORTHO

Limited Orthodontic Treatment of the Primary Dentition.....	2,000.00
Limited Orthodontic Treatment of the Transitional Dentition.....	2,000.00
Limited Orthodontic Treatment of the Adolescent Dentition.....	2,000.00
Limited Orthodontic Treatment of the Adult Dentition.....	2,000.00
Interceptive Orthodontic Treatment of the Primary Dentition.....	2,000.00
Interceptive Orthodontic Treatment of the Transitional Dentition.....	2,000.00
Comprehensive Orthodontic Treatment of the Transitional Dentition.....	4,000.00
Comprehensive Orthodontic Treatment of the Adolescent Dentition.....	4,000.00
Comprehensive Orthodontic Treatment of the Adult Dentition.....	4,000.00
Removable Appliance Therapy.....	350.00
Fixed Appliance Therapy.....	350.00
Periodic Orthodontic Treatment Visit (as part of contract).....	125.00

ORAL SURGERY

Extraction, Coronal Remnants - Deciduous Tooth.....	65.00
Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal).....	70.00
Surgical Removal of Residual Tooth Roots (Cutting Procedure).....	100.00
Removal of Impacted Tooth - Soft Tissue.....	150.00
Removal of Impacted Tooth - Partially Bony.....	200.00
Removal of Impacted Tooth - Completely Bony.....	275.00
Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications.....	300.00
Surgical Removal of Residual Tooth Roots (Cutting Procedure).....	110.00
Placement of Device to Facilitate Eruption of Impacted Tooth.....	75.00
Biopsy of Oral Tissue - Hard (Bone, Tooth).....	150.00
Biopsy of Oral Tissue - Soft.....	125.00
Alveoloplasty in conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant.....	140.00
Alveoloplasty in conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant.....	90.00
Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter up to 1.25 cm.....	125.00
Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm.....	200.00
Incision and Drainage of Abscess - Intraoral Soft Tissue.....	75.00
Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure.....	150.00

GENERAL

Palliative.....	40.00
Deep Sedation/General Anesthesia -per 15 minutes.....	85.00
Intravenous Conscious Sedation/Analgesia -per 15 minutes.....	85.00
Consultation - Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician.....	65.00
Occlusal Guard, by Report.....	150.00
Nitrous Oxide.....	50.00

DIAGNOSTIC AND PREVENTATIVE

Periodic Oral Evaluation - Established Patient.....	30.00
Limited Oral Evaluation - Problem Focused.....	30.00
Oral Evaluation Under Three Years of Age.....	30.00
Comprehensive Oral Evaluation - New or Established Patient.....	45.00
Detailed and Extensive Oral Evaluation - Problem Focused,.....	45.00
Re-Evaluation - Limited, Problem Focused.....	30.00
Comprehensive Periodontal Eval - New or Established Patient.....	40.00
Intraoral - Complete Series (Including Bitewings).....	75.00
Intraoral - Periapical First Film.....	12.00
Intraoral - Periapical Each Additional Film.....	6.00
Intraoral - Occlusal Film.....	20.00
Extraoral - First Film.....	40.00
Extraoral - Each Additional Film.....	40.00
Bitewing - Single Film.....	12.00
Bitewings - Each Additional.....	6.00
Vertical Bitewing 7 to 8 Radiographic Images.....	35.00
Panorex.....	55.00
Posterior-Anterior or Lateral Skull and Facial Bone Survey Film.....	55.00
Sialography.....	85.00
Temporomandibular Joint Arthrogram, Including Injection.....	275.00
Other Temporomandibular Joint Radiographic Images by Report.....	130.00
Tomographic Survey.....	240.00
Cephalometric Film.....	60.00
Oral/Facial Photographic Images.....	36.00
Cone Beam-Three Dimensional Images.....	300.00
Collection of Microorganisms For Culture and Sensitivity.....	40.00
Genetic Test for Susceptibility to Oral Disease.....	40.00
Aids in Detection of Mucosal Abnormalities.....	50.00
Pulp Vitality Tests.....	35.00
Diagnostic Casts.....	65.00
Accession of Tissue Gross Exam Prep Trans of Written Report.....	50.00
Accession of Tissue Gross.....	70.00
Microscopic Exam Including Surgical Margin Presence of Disease.....	50.00
Dry Accession of Trans Cytologic Micro Exam Prep & Trans.....	60.00
Other Oral Pathology Procedures by Report.....	50.00
Prophylaxis - Adult.....	55.00
Prophylaxis - Child.....	45.00
Topical Application of Fluoride Varnish.....	25.00
Topical Application of Fluoride - Child.....	25.00
Nutritional Counseling for Control of Dental Disease.....	20.00
Tobacco Counseling -Control and Prevention of Oral Disease.....	24.00
Oral Hygiene Instruction.....	0.00
Sealant - Per Tooth.....	30.00
Space Maintainer - Fixed - Unilateral.....	215.00
Space Maintainer - Fixed - Bilateral.....	300.00
Space Maintainer - Removable - Unilateral.....	215.00
Space Maintainer - Removable - Bilateral.....	325.00
Re-Cementation of Space Maintainer.....	50.00

PERIODONTICS

Gingivectomy or Gingivoplasty - Four or More Teeth per Quad.....	300.00
Gingivectomy or Gingivoplasty - One to three teeth per Quad.....	180.00
Gingival Flap Procedure-Four or More Teeth.....	300.00
Gingival Flap Procedure-One to Three Teeth.....	180.00
Clinical Crown Lengthening Hard Tissue.....	450.00
Osseous Surgery - Four or More Contiguous Teeth per Quad.....	650.00
Osseous Surgery - One to Three Contiguous Teeth per Quad.....	390.00
Bone Replacement Graft - First Site in Quad.....	225.00
Bone Replacement Graft - Additional Site in Quad.....	160.00
Pedicle Soft Tissue Graft Procedure.....	350.00
Free Soft Tissue Graft Procedure (Including Donor Site Surgery.....	400.00
Perio Scaling and Root Planing - Four or More Teeth per Quad.....	100.00
Perio Scaling and Root Planing One to Three Teeth per Quad.....	60.00
Full Mouth Debridement -Enable Comp Evaluation and Diagnosis.....	55.00
Localized Delivery of Antimicrobial Agents per Tooth, by Report.....	60.00
Periodontal Maintenance.....	70.00

RESTORATIVE

Amalgam - One Surface, Primary or Permanent.....	65.00
Amalgam - Two Surfaces, Primary or Permanent.....	80.00
Amalgam - Three Surfaces, Primary or Permanent.....	100.00
Amalgam - Four or More Surfaces, Primary or Permanent.....	125.00
Resin Based Composite One Surface Anterior.....	70.00
Resin-Based Composite - Two Surfaces, Anterior.....	90.00
Resin-Based Composite - Three Surfaces, Anterior.....	110.00
Resin-Based Composite - 4 or More Surfaces or Incisal Angle (Anterior).....	130.00
Resin Based Composite Crown Anterior.....	225.00
Resin-Based Composite - One Surface, Posterior.....	90.00
Resin-Based Composite - Two Surfaces, Posterior.....	110.00
Resin-Based Composite - Three Surfaces, Posterior.....	130.00
Resin-Based Composite - Four or More Surfaces, Posterior.....	150.00
Inlay - Metallic - One Surface.....	350.00
Inlay - Metallic - Two Surfaces.....	425.00
Inlay - Metallic - Three or More Surfaces.....	460.00
Onlay - Metallic-Two Surfaces.....	525.00
Onlay - Metallic-Three Surfaces.....	550.00
Onlay - Metallic-Four or More Surfaces.....	650.00
Inlay - Porcelain/Ceramic - One Surface.....	425.00
Inlay - Porcelain/Ceramic - Two Surfaces.....	500.00
Inlay - Porcelain/Ceramic - Three or More Surfaces.....	600.00
Onlay - Porcelain/Ceramic - Two Surfaces.....	525.00
Onlay - Porcelain/Ceramic - Three Surfaces.....	600.00
Onlay - Porcelain/Ceramic - Four or More Surfaces.....	650.00
Inlay - Resin-Based Composite - One Surface.....	300.00
Inlay - Resin-Based Composite - Two Surfaces.....	360.00
Inlay - Resin-Based Composite - Three or More Surfaces.....	400.00
Onlay - Resin-Based Composite - Two Surfaces.....	400.00
Onlay - Resin-Based Composite - Three Surfaces.....	450.00
Onlay - Resin-Based Composite - Four or More Surfaces.....	525.00
Crown Resin Based Composite Indirect.....	225.00
Crown 3/4 Resin Based Composite Indirect.....	250.00
Crown - Resin with High Noble Metal.....	600.00
Crown Resin Predominantly Base Metal.....	550.00
Crown Resin with Noble Metal.....	575.00
Crown - Porcelain/Ceramic Substrate.....	650.00
Crown - Porcelain Fused to High Noble Metal.....	700.00
Crown Porcelain Fused to Predominantly Base Metal.....	625.00
Crown-Porcelain Fused to Noble Metal.....	675.00
Crown 3/4 High Noble Metal.....	600.00
Crown 3/4 Cast Predominatly Base Metal.....	550.00
Crown 3/4 Porcelain Ceramic.....	600.00
Crown 3/4 Cast Noble Metal.....	625.00
Crown - Full Cast High Noble Metal.....	625.00
Crown Full Cast Predominantly Base Metal.....	550.00
Crown - Full Cast Metal.....	550.00
Crown Titanium.....	600.00
Provisional Crown-Further Treatment or Completion of Diagnosis	
Prior to Final Impression.....	100.00
Recement Inlay, Onlay, or Partial Coverage Restoration.....	50.00
Recement Cast or Prefabricated Post and Core.....	50.00
Recement Crown.....	50.00
Prefabricated Porcelain Ceramic Primary Tooth.....	130.00
Prefabricated Stainless Steel Crown - Primary Tooth.....	130.00
Prefabricated Stainless Steel Crown - Permanent Tooth.....	130.00
Sedative Filling.....	50.00
Core Buildup, Including Any Pins.....	100.00
Pin Retention - Per Tooth, in addition to Restoration.....	35.00
Post and Core in addition to Crown, Indirectly Fabricated.....	215.00
Prefabricated Post and Core in addition to Crown.....	150.00
Post Removal (Not In Conjunction with Endodontic Therapy).....	100.00
Labial Veneer (Resin Laminate) - Laboratory.....	350.00
Labial Veneer (Porcelain Laminate) - Laboratory.....	500.00

METRODENT MAX

Schedule of Maximum Charges

PROSTHODONTIC

Complete Denture - Maxillary.....	850.00
Complete Denture - Mandibular	850.00
Immediate Denture - Maxillary.....	850.00
Immediate Denture - Mandibular.....	850.00
Maxillary Partial Denture - Resin Base	650.00
Mandibular Partial Denture - Resin Base	650.00
Maxillary Partial Denture - Cast Metal Frame with Resin Bases	900.00
Mandibular Partial Denture - Cast Metal Frame with Resin Bases	900.00
Removable Unilateral Partial Denture - One Piece Cast Metal	350.00
Adjust Complete Denture - Maxillary.....	45.00
Adjust Complete Denture - Mandibular	45.00
Adjust Partial Denture - Maxillary.....	45.00
Adjust Partial Denture - Mandibular.....	45.00
Repair Broken Complete Denture Base.....	110.00
Replace Missing or Broken Teeth - Complete Denture	100.00
Repair Resin Denture Base.....	100.00
Repair Cast Framework.....	125.00
Repair or Replace Broken Clasp.....	100.00
Replace Broken Teeth - per Tooth.....	100.00
Add Tooth to Existing Partial Denture	100.00
Add Clasp to Existing Partial Denture	125.00
Rebase Complete Maxillary Denture	250.00
Rebase Complete Mandibular Denture	250.00
Rebase Maxillary Partial Denture.....	200.00
Rebase Mandibular Partial Denture.....	200.00
Reline Complete Maxillary Denture (Chairside).....	160.00
Reline Complete Mandibular Denture (Chairside)	160.00
Reline Maxillary Partial Denture (Chairside).....	130.00
Reline Mandibular Partial Denture (Chairside).....	130.00
Reline Complete Maxillary Denture (Laboratory)	225.00
Reline Complete Mandibular Denture (Laboratory)	225.00
Reline Maxillary Partial Denture (Laboratory)	200.00
Reline Mandibular Partial Denture (Laboratory)	200.00
Pontic - Cast High Noble Metal.....	600.00
Pontic - Porcelain Fused to High Noble Metal.....	650.00
Pontic - Resin with High Noble Metal.....	600.00
Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	325.00
Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis.....	325.00
Crown - Resin with High Noble Metal.....	600.00
Crown - Porcelain Fused to High Noble Metal	700.00
Recent Fixed Partial Denture	75.00
Precision Attachment.....	200.00

IMPLANTS

Surgical Placement of Implant Body: Endosteal Implant	1,400.00
Prefabricated Abutment - Includes Placement	550.00
Custom Abutment - Includes Placement	600.00
Abutment Supported Porcelain/Ceramic Crown.....	850.00
Abutment Sup Porc Fused to Metal Crown (High Noble Metal)	850.00
Abutment Sup Porc Fused to Metal Crown (Pred Base Metal)	850.00
Abutment Sup Porc Fused to Metal Crown (Noble Metal)	725.00
Abutment Supported Cast Metal Crown (High Noble Metal)	850.00
Abutment Supp Cast Metal Crown (Predominantly Base Metal)	825.00
Abutment Supported Cast Metal Crown (Noble Metal)	815.00
Abutment Supported Crown - (Titanium)	650.00
Implant Supported Porcelain/Ceramic Crown.....	1,000.00
Implant Supported Porcelain Fused to Metal Crown	1,000.00
Implant Supported Metal Crown	850.00
Abutment Supported Retainer for Porcelain/Ceramic FPD.....	825.00
Abut Supp Retainer for Porc Fused to Metal FPD (High Noble)	825.00
Abut Supp Retainer for Porc Fused to Metal FPD (Base Metal)	825.00
Abut Supp Retainer for Porc Fused to Metal FPD (Noble Metal)	850.00
Abut Supp Retainer for Cast Metal FPD (High Noble Metal).....	750.00
Abut Supp Retainer for Cast Metal FPD (Base Metal)	700.00
Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	750.00
Abutment Supported Retainer Crown for FPD - (Titanium).....	850.00
Implant Supported Retainer for Ceramic FPD.....	800.00
Implant Supported Retainer for Porcelain Fused to Metal FPD	785.00
Implant Supported Retainer for Cast Metal FPD	775.00

ENDODONTICS

Pulp Cap - Direct (Excluding Final Restoration)	35.00
Pulp Cap - Indirect (Excluding Final Restoration)	25.00
Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament.....	85.00
Pulpal Debridement Primary and Permanent.....	55.00
Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	450.00
Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	525.00
Endodontic Therapy, Molar (Excluding Final Restoration).....	700.00
Retreatment of Previous Root Canal Therapy - Anterior.....	550.00
Retreatment of Previous Root Canal Therapy - Bicuspid.....	625.00
Retreatment of Previous Root Canal Therapy - Molar.....	800.00
Apicoectomy/Periradicular Surgery - Anterior.....	350.00
Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	350.00
Apicoectomy/Periradicular Surgery - Molar (First Root).....	350.00
Apicoectomy/Periradicular Surgery (Each Additional Root)	200.00
Retrograde Filling - per Root	150.00
Root Amputation - per Root.....	225.00
Hemisection (Including Any Root Removal), Not Including Root Canal Therapy.....	225.00

ORTHO

Limited Orthodontic Treatment of the Primary Dentition	3,000.00
Limited Orthodontic Treatment of the Transitional Dentition	3,000.00
Limited Orthodontic Treatment of the Adolescent Dentition.....	3,000.00
Limited Orthodontic Treatment of the Adult Dentition.....	3,000.00
Interceptive Orthodontic Treatment of Primary Dentition	3,000.00
Interceptive Orthodontic Treatment of Transitional Dentition	3,000.00
Comprehensive Orthodontic Treatment of Transitional Dentition	5,000.00
Comprehensive Orthodontic Treatment of Adolescent Dentition	5,000.00
Comprehensive Orthodontic Treatment of Adult Dentition	5,000.00
Removable Appliance Therapy	450.00
Fixed Appliance Therapy.....	450.00
Periodic Orthodontic Treatment Visit (as part of contract).....	150.00

ORAL SURGERY

Extraction, Coronal Remnants - Deciduous Tooth	75.00
Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal).....	90.00
Surgical Removal of Residual Tooth Roots (Cutting Procedure)	140.00
Removal of Impacted Tooth - Soft Tissue	175.00
Removal of Impacted Tooth - Partially Bony.....	250.00
Removal of Impacted Tooth - Completely Bony	300.00
Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications.....	325.00
Surgical Removal of Residual Tooth Roots (Cutting Procedure)	130.00
Placement of Device to Facilitate Eruption of Impacted Tooth	90.00
Biopsy of Oral Tissue - Hard (Bone, Tooth).....	175.00
Biopsy of Oral Tissue - Soft.....	150.00
Alveoloplasty in conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant.....	150.00
Alveoloplasty in Conjunction with Extractions - Spaces, per One to Three Teeth or Tooth Quadrant.....	100.00
Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter up to 1.25 cm.....	200.00
Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm.....	300.00
Incision and Drainage of Abscess - Intraoral Soft Tissue	100.00
Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure.....	200.00

GENERAL

Palliative.....	50.00
Deep Sedation/General Anesthesia -per 15 minutes	100.00
Intravenous Conscious Sedation/Analgesia -per 15 minutes.....	100.00
Consultation - Diagnostic Service Provided By Dentist or Physician	
Other Than Requesting Dentist or Physician	80.00
Occlusal Guard, by Report.....	300.00
Nitrous Oxide	75.00



Administrative Services Only, Inc. (ASO/SIDS) Self-Insured Dental Services Application For Participation

YOU CAN ALSO SUBMIT ONLINE AT WWW.ASONET.COM/DENTISTS

CHECK LIST

- ☐ Complete Office Profile
- ☐ Complete Dentist Profile for Each Dentist
- ☐ Sign the Letter of Agreement for Each Dentist
- ☐ Complete and Sign the Attestation for Each Dentist
- ☐ Provide a copy of a completed W-9 Form for each separate tax identification number
- ☐ Provide a copy of your current State License and current State Registration for Each Dentist
- ☐ Provide a copy of your Curriculum Vitae for the last five years
- ☐ Provide a copy of specialty certificate or American Board Certification, if applicable
- ☐ Provide a copy of anesthesiology certificate, if applicable
- ☐ Provide a copy of your current Controlled Dangerous Substance Registration, if applicable according to State Law
- ☐ Provide a copy of your current DEA Certificate
- ☐ Provide a copy of the Declaration Page of your current Malpractice Insurance showing the expiration date and limits of \$1 million/\$3 million

RETURN THIS APPLICATION TO:

Administrative Services Only/ Self-Insured Dental Services
Provider Relations Department
P.O. Box 9005
303 Merrick Road
Lynbrook, N.Y. 11563

If you have any questions, comments or suggestions,
please call or fax our Provider Relations Department:

Phone: 516-394-9494

Fax: 877-414-4069

TYPE OF PRACTICE

- ☐ Solo Practice
 ☐ Partnership
 ☐ Group Practice
 ☐ Prof. Corp.
 ☐ Franchise
 ☐ Other _____

Date Office Opened

Name of Practice			Website		
Address			Suite No.		
City	State	Zip	County		
Phone Number		Fax Number		E-Mail	

OFFICE HOURS

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
--------	---------	-----------	----------	--------	----------	--------

Number of
Reception
Room Seats

Number of
Equipped
Operatories

Number of
Hand Pieces

Number of
Standard
X-Ray Units

Number of
Panoramic
Units

Year of
Last
Certification

**Number of
Full Time**

**Number of
Part Time**

**Languages
Spoken**

**CPR
Certified**

Hygienists

☐

Chairside Assistants

☐

Clerical Staff

☐

Lab Technicians

☐

Anesthesia

- ☐ Local
 ☐ General
 ☐ Analgesia
 ☐ IV Sedation
 ☐ Other _____

Sterilization

- ☐ Cold
 ☐ Autoclave
 ☐ Dry Heat
 ☐ Chemiclave
 ☐ Other _____

Do you and your staff routinely follow CDC and OSHA guidelines?

- ☐ Yes
 ☐ No

Special Facilities & Services

Is the office handicapped accessible?
☐ Yes ☐ No

Accessible By

- ☐ Auto
 ☐ Bus
 ☐ Train
 ☐ Subway

Location of Practice

- ☐ Residential
 ☐ Commercial
 ☐ Industrial

Building

- ☐ Professional
 ☐ Office
 ☐ Store Front
 ☐ Shopping Mall
 ☐ Converted House
 ☐ Other _____

Last Name	First Name	Birth Date	
Individual NPI Number	License Number	DEA #	CDS #
Dental School	Degree	Year Graduated	

SPECIALTY

- ☐ General
 ☐ Endodontics
 ☐ Oral Surgery
☐ Orthodontics
 ☐ Periodontics
 ☐ Pedodontics

ARE YOU?

- ☐ Board Eligible
☐ Board Certified

DO YOU LIMIT YOUR PRACTICE TO YOUR SPECIALTY?

- ☐ Yes
 ☐ No

Post Graduate Courses (Dates and Description)

Other Panels That You Are A Member Of

Professional Affiliations

- ☐ ADA
 ☐ State Dental Society

- ☐ Other

FOR EACH "YES" RESPONSE, PLEASE INCLUDE A DETAILED EXPLANATION WITH THIS FORM

- | | |
|--|--|
| 1. In the last five (5) years, have you had any gaps of six (6) months or greater, where you did not work as a practitioner in this current discipline? If "YES," please explain the reason(s) for any gap(s) on a separate page. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has your license to practice in any jurisdiction, whether completed or still pending, been denied, limited, suspended, revoked, not renewed; or have you ever been placed under probation, subjected to disciplinary action or have you voluntarily relinquished any item in anticipation of any of these actions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has your professional liability insurance ever been denied, suspended, revoked, canceled, or not renewed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has your DEA or State Drug Certificate (Registration) ever been denied, suspended, canceled or not renewed, or subjected to any disciplinary action? (Check "NO" if this does not apply.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has your status as a provider or membership with any professional organization ever been denied, suspended, disciplined, canceled, sanctioned, or are you currently under investigation by any municipal, state, federal or any other governmental agency as well as, HMO, PPO or other prepaid health plan? (e.g. Medicare, Medi-Cal, Medicaid). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are your privileges or memberships at any hospital, institution (Military service) currently under investigation or have they ever been denied, suspended, reduced, disciplined, or not renewed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you prevented from performing any procedures within the scope of privileges and duties as a healthcare provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you currently, or did you in the last two years, engage in the unlawful use of drugs, including the improper use of prescription drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you have any felony or misdemeanor charges pending against you, other than a traffic violation, or have you ever been convicted or pleaded "nolo contendere" to a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you been involved, within the last ten (10) years, or are you currently involved in ANY claims/lawsuits, settlements, or judgments (other than divorce or custody)? If yes, please provide detailed information on a separate sheet of paper including: docket # of the case, location of the court, the names of the parties plaintiff(s) and defendant(s), description of the incident(s), date(s) of the incident(s), your involvement, current disposition, and the amount of settlement. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

☐ I authorize Administrative Services Only, Inc./Self-Insured Dental Services (A.S.O./S.I.D.S.) to consult with professional liability carriers, and other persons or entities to obtain information concerning my professional qualifications, including competence, ethics and other qualifications. I, the undersigned hereby certify that the information requested by A.S.O./S.I.D.S., is truthful, correct and complete in all respects, and I further understand that the intentional submission of false or misleading information or the withholding of relevant information is grounds for termination as a participating provider with the affiliated organization contracted with A.S.O./S.I.D.S.. The undersigned hereby agrees to notify A.S.O./S.I.D.S. of any changes in the above information.

Signature _____
(no signature stamps)

Sign Date: _____

License State

License Number

Please Print Name

PARTICIPATING DENTIST AGREEMENT

_____, ("Dentist").

Please Print Dentist Name

WHEREAS, ASO administers Plans (defined below) that provide access to certain dental care services or arranges for the provision of such services to Covered Patients (as defined below) by offering a network of dental service providers; and

WHEREAS, ASO contracts with certain dental providers to provide access to such services under the terms of these benefit plans; and

WHEREAS, Dentist provides dental care services to Covered Patients within the scope of Dentist's licensure or accreditation; and

WHEREAS, ASO and Dentist mutually desire to enter into an arrangement whereby Dentist will become a Participating Dentist and render dental care services to Covered Patients.

NOW, THEREFORE, in consideration of the foregoing and of the mutual covenants, promises and undertakings herein, the sufficiency of which is hereby acknowledged, and intending to be legally bound hereby, the parties agree as follows:

DEFINITIONS

Section 1.1 Affiliate means any entity (i) that controls ASO, that is controlled by ASO, or that is under common control with ASO, and (ii) which is in the business of operating and/or administering a program of dental services for Covered Patients (as defined below).

Section 1.2 Covered Patient shall mean a person entitled to Eligible Dental Services (1) under any contract that ASO administers or (2) through a network to which ASO allows access, pursuant to a written agreement between a health plan or other payer and an employer, insurer, labor union, local or state or federal agency, or other organization or entity ("Plan").

Section 1.3 Eligible Dental Service shall mean (1) a dental service which a Covered Patient is entitled to receive pursuant to a dental insurance contract that ASO administers or (2) dental services provided through a dental provider network to which ASO allows access pursuant to a Plan.

Section 1.4 Maximum Allowable Charge shall mean the entire fee and payment in full Dentist may receive for Eligible Dental Services provided under the terms of this Agreement and the applicable Plan, which fee shall be determined by ASO.

Section 1.5 Usual and Customary Charge shall mean the amount charged by Dentist and collected by him or her from a majority of his or her patients.

OBLIGATIONS OF THE DENTIST

Section II.1 **Licensure and Certification.** Dentist agrees that, during the entire term of this Agreement, Dentist shall maintain a current, active, unrestricted valid license to practice dentistry in the State(s) where Dentist practices. In addition, where applicable, Dentist shall maintain (a) specialty certifications, (b) certification to provide general anesthesia, (c) certification to provide parenteral sedation and (d) certification to provide parenteral conscious sedation, each granted by the State in which Dentist practices, and (e) DEA certification.

Dentist also agrees that Dentist shall notify ASO immediately if any of the following are voluntarily or involuntarily withdrawn, restricted temporarily or permanently, or suspended actively or stayed, or revoked for any reason:

- (a) Dentist's professional license in any state;
- (b) Dentist's certification(s) to prescribe medication;
- (c) Dentist's specialty certification, certification to provide general anesthesia, certification to provide parenteral sedation or certification to provide parenteral conscious sedation; or
- (d) Dentist's medical staff privileges at applicable hospital(s).

Dentist shall also notify ASO within five business days, if Dentist fails to maintain required professional liability insurance or general liability insurance under this Agreement, is granted a leave of absence, resigns from the medical staff of any hospital, is arrested, is indicted or convicted of or pleads guilty to a criminal offense regardless of the nature of the offense, or is subject to any disciplinary action by any governmental program, licensing, or hospital privileging authority.

Section II.2 **Insurance.** Dentist agrees that Dentist shall maintain, at Dentist's sole cost, professional liability insurance and general liability insurance in the amount of \$1 million per occurrence and \$3 million annual aggregate, or as otherwise acceptable to ASO. Upon ASO's request, Dentist also agrees that Dentist shall furnish ASO, or any ASO designate, with evidence that such insurance coverage is in effect.

Section II.3 **Policies and Procedures.** Dentist agrees that Dentist will abide by ASO's policies and procedures including, without limitation, quality assurance and related policies and procedures, as they exist today and as they may exist in the future. Dentist acknowledges that Dentist's failure to abide by ASO's policies and procedures shall constitute a breach of this Agreement, allowing ASO to terminate this Agreement or take any other action ASO deems appropriate.

Section II.4 **Provision of Eligible Dental Services.** Dentist agrees to provide Eligible Dental Services to Covered Patients with the same degree of care and skill as customarily provided to Dentist's patients who are not Covered Patients, according to generally accepted standards of dental practice. Dentist agrees not

to discriminate against Covered Patients on the basis of race, ethnicity, gender, creed, ancestry, lawful occupation, age, religion, marital status, sexual orientation, mental or physical disability, medical history, color, national origin, place of residence, health status, claims experience, evidence of insurability (including conditions arising out of acts of domestic violence grounds prohibited by law or this Agreement).

Section II.5 **Quality of Care.** Dentist shall provide the same levels and quality of service, and the same appointment availability, for Covered Patients as Dentist provides for Dentist's other patients. Dentist shall provide services in accordance with the Principles of Ethics and the Code of Professional Conduct of the American Dental Association.

Section II.6 **Infection Control.** Dentist shall maintain levels of infection control consistent with current standards of care as specified by, but not limited to, the State in which Dentist practices, the American Dental Association, the Federal Centers for Disease Control, and the Occupational Safety and Health Administration.

Section II.7 **Medical Waste;** Radiological Equipment. Dentist shall, during the entire term of this Agreement, maintain current, active, unrestricted permits, registrations, and certifications from appropriate state and federal agencies that govern Dentist's storage and generation of medical waste and Dentist operation of radiological equipment.

Section II.8 **Auxiliary Personnel.** Dentist hereby warrants that all auxiliary personnel under Dentist's supervision who render those delegated and supportive dental services permitted by the state in which Dentist practice to Covered Patients, also maintain current, active, and unrestricted valid licenses, registrations and certificates or other applicable credentials. Should any of these licenses, registrations, certifications or other applicable credentials be withdrawn, restricted, temporarily suspended (whether stayed or active) or revoked in any state, for any reason, Dentist agrees to immediately remove said individual from any and all such duties under Dentist's control and supervision.

Section II.9 **Health Records.** Dentist shall keep accurate and current records and files related to services rendered to Covered Patients, in accordance with ASO's standards and in accordance with all applicable laws and regulations. The Parties shall comply with the terms of the Health Insurance Portability and Accountability Act ("HIPAA") and other applicable state and federal laws regarding confidentiality of health records, in each case as applicable to that Party. This provision shall survive termination of this Agreement.

Section I.10 Covered Patient Approval. Dentist agrees that any service provided to a Covered Patient under this Agreement will be discussed with and approved by the Covered Patient prior to Dentist performance of such service.

Section II.11 **Access to Records.** Consistent with applicable confidentiality laws and regulations, Dentist agrees to allow ASO, ASO's designee, or any applicable state or federal agency, during regular business hours and upon reasonable notice, to review and copy records in Dentist's office that pertain to Eligible Dental Services provided by Dentist under this Agreement, or under the terms of any prior Agreement between Dentist and ASO to provide dental services. This provision shall survive termination of this Agreement.

Section II.12 **Plan Participation.** Dentist has been provided information about Plans, and such information is incorporated by reference into this Agreement.

Section II.13 **Payment; Charges.** Dentist agrees to accept the Maximum Allowable Charge specified in Plan Description and Fee Schedule as payment in full for Eligible Dental Services provided to Covered Patients, less any applicable co-payments or deductibles. If Dentist's Usual and Customary Charge is less than the Maximum Allowable Charge, Dentist shall instead charge for Eligible Dental Services, and be paid by ASO, the Plan, or Covered Patient, on the basis of Dentist's Usual and Customary Charges. Dentist understands and agrees that under the Plans listed on Exhibit A, Covered Patients shall be solely responsible to Dentist for dental services rendered by Dentist, and that neither ASO nor any Plan shall be responsible for, and Dentist shall be solely responsible for, the collection of any such payment owed by Covered Patients to Dentist.

Section II.14 **Hold harmless.** Dentist agrees that in no event, including, but not limited to, non-payment by any Plan for Eligible Dental Services rendered to Covered Patients by Dentist, insolvency of Plan, or breach by ASO of any term or condition of this Agreement, shall Dentist bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against any Covered Patient or persons acting on behalf of the Covered Patient for Eligible Dental Services eligible for reimbursement under this Agreement or any Plan; provided, however, that Dentist may collect from the Covered Patient (i) any copayments, coinsurance, or deductibles applicable to Eligible Dental Services, (ii) charges for services that are not covered as benefits under the Covered Patient's Plan, or (iii) charges for services rendered by Dentist under the Plans listed on Exhibit A. This provision shall survive termination or expiration of the Agreement.

Section II.15 **Overpayments.** Dentist shall promptly refund to ASO any overpayment made by ASO to Dentist. In the event that ASO believes Dentist has not promptly refunded any overpayment, ASO shall have the right to make corrective adjustments to payments to Dentist to offset amounts owed to ASO. ASO also reserves the right to audit, upon reasonable notice, all records and books (including electronic versions of same) related to claims ASO has administered or paid to pursue recovery of such overpayments. This provision shall survive termination of this Agreement.

TERM AND TERMINATION

Section III.1 **Term.** The term of this Agreement shall commence as of the Effective Date specified in the first paragraph of this Agreement, and shall continue in effect until terminated as set forth below.

Section III.2 **Termination without Cause.** Either Dentist or ASO may terminate this Agreement by giving 30 days written notice. Upon termination of this Agreement, Dentist shall (i) notify all Covered Patients in such Dentist's care that the Agreement has been terminated prior to provision of further services, (ii) at ASO's option, continue to provide, in accordance with the terms of this Agreement, Eligible Dental Services to any Covered Patients in Dentist's care at the time of such termination, until such Covered Patients can be

transferred to the care of another dentist by ASO, and (iii) provide copies of patient records, including x-rays and files, as reasonably requested by ASO or Covered Patient's dental services provider other than Dentist, in order to facilitate continuity of treatment in accordance with all applicable laws and regulations pertaining to confidentiality of records.

Section III.3 **Immediate Termination.** ASO may terminate this contract immediately for reasonable cause. Such termination shall be communicated in writing by ASO. Dentist agrees that reasonable cause shall include, but is not limited to: (1) a revocation, active or stayed suspension or restriction placed on Dentist's professional license, certification, or registration; (2) Dentist's failure to maintain required professional liability insurance and general liability insurance; (3) Dentist's being subject to a disciplinary action by a governmental program, licensing, professional registration or certification authority, or hospital privileging authority; (4) Dentist's having restrictions placed on Dentist's DEA certificate; (5) ASO having reasonable suspicion that Dentist has committed fraud against ASO; (6) Dentist's having misrepresented information, or Dentist's having omitted information on Dentist's application/attestation or other materials submitted in connection with credentialing/ recredentialing; (7) Dentist's failure to meet or maintain credentialing/recredentialing criteria; (8) Dentist's being arrested, indicted, convicted of or pleading guilty to a criminal offense; (9) Dentist's failure to abide by the terms and conditions of this Agreement or any policies, rules and procedures established or which may be established by ASO.

Section III.4 **Continuing Care.** Upon termination of this Agreement for any reason, Dentist agrees to continue to provide to any Covered Patient any Eligible Dental Services, which have not been satisfactorily completed at the time of termination for which Dentist has been paid in advance under this Agreement, until such Eligible Dental Services are satisfactorily completed. Both parties also hereby agree that, upon termination, this Agreement shall continue as if it is still in effect with respect to any Covered Patient then receiving ongoing care from Dentist, until such time as the Covered Patient can be transferred to another participating dentist without risk of harm to such Covered Patient. This provision shall survive termination of this Agreement.

GENERAL PROVISIONS

Section IV.1 **Dentist Professional Responsibility.** This Agreement is not intended to infringe on Dentist's freedom of choice in accepting a patient. In performing under the terms of this Agreement, Dentist is operating as an independent contractor and ASO shall not exercise any control or direction over services provided by Dentist.

Section IV.2 **Independent Contractors.** No provision of this Agreement shall be deemed or construed to create any relationship between the parties hereto other than that of independent entities contracting with each other hereunder solely for the purpose of affecting the provisions of this Agreement. Neither of the parties, nor any of their respective employees, shall be construed to be the agent, employee or representative of the other; nor does either party have an express or implied right or authority to assume or create any obligation or responsibility on behalf of or in the name of the other party.

Section IV.3 **Liability of the Parties.** The rights and obligations of ASO or any Affiliates shall apply to each entity only with respect to that entity's Plans. Dentist acknowledges and agrees that Dentist has not entered into this Agreement based upon representations by any person other than ASO and that no person, entity, or organization other than ASO shall be held accountable or liable to Dentist for any of ASO's obligations to Dentist created under this Agreement. Either Party's liability, if any, for damages to the other Party for any cause whatsoever arising out of or related to this Agreement, and regardless of the form of the action, shall be limited to the damaged Party's actual damages. Neither Party shall be liable for any indirect, incidental, punitive, exemplary, special or consequential damages of any kind whatsoever sustained as a result of a breach of this Agreement or any action, inaction, alleged tortious conduct, or delay by the other Party.

Section IV.4 **No Waiver.** The failure of either party to enforce or insist upon compliance with any provisions of this Agreement in any instance shall not be construed as or constitute a waiver of that party's right to enforce or insist upon compliance with such provision, rule or regulation, either currently or in the future.

Section IV.5 **Amendment.** This Agreement may be amended at any time upon the mutual written consent of the parties. In addition, this Agreement may be amended by ASO upon 60 days advance written notice to Dentist. Dentist may choose to terminate the Agreement upon notice as specified in Section 4.2, should Dentist not agree to any ASO unilateral amendment or, in the alternative, negotiate an amendment mutually acceptable to ASO and to Dentist.

Section IV.6 **Assignment.** ASO reserves the right to subcontract or assign this Agreement or any part thereof, except where prohibited by law, without consent of Dentist. As this Agreement is meant to secure the personal and individual services of Dentist, Dentist may not assign this Agreement without consent of ASO.

Section IV.7 **Enforceability; Invalidity.** If any part of this Agreement is held to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force and effect.

Section IV.8 **Notices.** Notices required by the Agreement shall be sent to the addresses of the parties specified below. Notice shall be effective only if given in writing and sent by overnight delivery service with proof of receipt, or by certified mail return receipt requested.

IN WITNESS WHEREOF, the undersigned parties have executed this Agreement by their duly authorized officers or other person authorized to execute this Agreement, intending to be legally bound hereby.

DENTIST

ADMINISTRATIVE SERVICES ONLY, INC

By: Print Name, including degree

By: Print Name

Dentist's Signature

Signature

Tax ID Number

Title

Address for Notice

Address for Notice

Address

Administrative Services Only, Inc
303 Merrick Road, Suite 300
Lynbrook, NY 11563

City State Zip

Attn: Alan Sachs

I would like to participate with:

Please place initials next to the plan(s)

_____ METRODENT PREMIER PLUS

_____ METRODENT MAX

See our website for a full listing of the Plans we administer.