

DELTA DENTAL OF RHODE ISLAND BILLING TERMS

Please read the following billing terms:

1. Non-Guarantee of Payment

Enrollment and payment of premium in the Online Enrollment application is not a guarantee of claim payment. Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office and the patient must be covered by a Delta Dental of Rhode Island group contract for the day services are completed.

2. Payment Information

Delta Dental offers three convenient payment methods - direct withdrawal from your bank account, credit card payments and payment by check. For direct withdrawal or credit card payments, you may elect to pay quarterly or monthly. Payment by check is only available on a quarterly basis, and will include a \$2.00 processing fee per check. This is a pre-paid dental insurance plan. Your credit card or bank account will be charged no more than ten (10) days prior to the start of coverage, and on a monthly/quarterly basis thereafter. If you select monthly or quarterly direct withdrawal of your premium payment or a charge to your credit card, Delta Dental will continue to charge your account for all future premiums until you notify us in writing that you wish to cancel your coverage. You may notify us by fax at **401-752-6060**, by email at **customerservice@deltadentalri.com**, or written letter to **PO Box 1517, Providence, RI 02901-1517**.

Please Note: Returned checks, declined credit card transactions or returned electronic transactions for insufficient funds are subject to a \$25 processing fee.

3. Refunds

There are no refunds of premium dollars for this coverage. If you cancel your coverage, your cancellation date will be effective on the last day of the period of your most recent payment.

4. Cancellation of Coverage

To cancel coverage, you must notify us in writing. You may notify us by fax at **401-752-6060**, by email at **customerservice@deltadentalri.com**, or written letter to **PO Box 1517, Providence, RI 02901-1517**. Cancellation of coverage is effective on the last day of the period of your most recent payment. Delta Dental reserves the right to cancel your coverage after appropriate notification due to non-payment of premium.

5. Guarantee of Rates

Rates are guaranteed for the entire coverage period. Prior to the end of your coverage period, Delta Dental will notify you of any change in rates. Delta Dental will continue to withdraw funds from your account/charge your credit card and reissue payment coupons until you notify us in writing that you wish to cancel coverage.

6. Consent

By enrolling and making a claim for dental benefits, you agree on behalf of yourself and your covered dependents that providers may release to Delta Dental and that Delta Dental may use and disclose your

individually identifiable health information in accordance with Delta Dental of Rhode Island's Notice of Privacy Practices.

7. Authorization

I certify that all information submitted to Delta Dental is true and correct to the best of my knowledge. I understand that the effective date and cancellation date of my insurance coverage will be determined by Delta Dental of Rhode Island in accordance with the underwriting guidelines associated with this plan. If I have selected direct withdrawal from my bank account or credit card for payment, I authorize Delta Dental to withdraw funds from my bank account or charge my credit card for the indicated payment frequency. I understand that if funds/credit lines are not available, my coverage will be subject to termination after appropriate notification.

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