



A Reference Manual For Benefits Administrators



*Defining Value in
Oral Health Improvement*

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WELCOME TO DELTA DENTAL OF NORTH CAROLINA

Thank you for choosing Delta Dental of North Carolina. As the largest provider of dental benefits, you can count on Delta Dental for world-class service, network savings, great coverage and worldwide access to emergency dental care.

By selecting Delta Dental, you have made a choice that will ensure the greatest economic value and the best dental benefits service to you, your employees and their families. Dental benefits, which focus on prevention and encourage regular checkups and cleanings, allow for early detection of oral disease and immediate access to appropriate care. This can greatly influence overall physical health and quality of life.

As the administrator for your employer's dental program, you fulfill an important role in ensuring that your company's employees understand their plan, and that Delta Dental accurately and efficiently serves your group. This manual includes guidelines, procedures and information on how you can work with Delta Dental to help us deliver the best possible service to your employees. We look forward to working with you.

WHO TO CONTACT

MEMBER CUSTOMER SERVICE										
<ul style="list-style-type: none"> • Coverage Questions • Claim Status • General Information 	Phone: (800) 662-8856 Hearing Impaired (888) 853-7570 (TDD):									
CLAIM SUBMISSION										
	Address: Delta Dental of North Carolina Claims P.O. Box 1609 Minneapolis, MN 55440-1609									
ENROLLMENT DEPARTMENT										
<ul style="list-style-type: none"> • New Enrollments • Terminations • Changes 	Address: Delta Dental of North Carolina - Enrollment P.O. Box 9342 Minneapolis, MN 55440-9342 Phone: (800) 928-6459 Fax: (800) 821-5946 E-mail: enrollmentnc@deltadentalnc.org									
ACCOUNTS RECEIVABLE/BILLING										
<ul style="list-style-type: none"> • Billing Questions • Requests for Copies of Bills • Groups Paying by Check 	Phone: (800) 906-4702 E-mail: billing@deltadentalnc.org Remittance Address: Delta Dental of North Carolina P.O. 535183 Atlanta, GA 30353-5183									
APPEALS										
	Address: Delta Dental of North Carolina Attention: Appeals Unit P.O. Box 551 Minneapolis, MN 55440-0551									
SALES & MARKETING (SELF-INSURED, INDIVIDUALLY RATED LARGE GROUPS OF 100+ EMPLOYEES)										
<ul style="list-style-type: none"> • Rates • Proposals • Renewals/Amendments • Contract Questions/Changes 	Address: Delta Dental of North Carolina 343 E. Six Forks Road, Suite 180 Raleigh, NC 27609 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;"><i>CORPORATE OFFICE</i></th> <th style="width: 25%; text-align: center;"><i>CHARLOTTE REGIONAL OFFICE</i></th> </tr> </thead> <tbody> <tr> <td>Phone:</td> <td style="text-align: center;">(800) 587-9514</td> <td style="text-align: center;">(704) 910-2363</td> </tr> <tr> <td>Fax:</td> <td style="text-align: center;">(919) 832-6549</td> <td style="text-align: center;">(704) 910-2366</td> </tr> </tbody> </table>		<i>CORPORATE OFFICE</i>	<i>CHARLOTTE REGIONAL OFFICE</i>	Phone:	(800) 587-9514	(704) 910-2363	Fax:	(919) 832-6549	(704) 910-2366
	<i>CORPORATE OFFICE</i>	<i>CHARLOTTE REGIONAL OFFICE</i>								
Phone:	(800) 587-9514	(704) 910-2363								
Fax:	(919) 832-6549	(704) 910-2366								
SALES & MARKETING - DELTA DENTAL CONNECT SM (COMMUNITY RATED BUSINESS FOR GROUPS OF 5-99)										
<ul style="list-style-type: none"> • Rates • Proposals • Renewals/Amendments • Contract Questions/Changes 	Address: Delta Dental of North Carolina Attention: Delta Dental <i>Connect</i> 730 South Broadway Gilbert, MN 55741 Phone: (888) 332-4617 Fax: (877) 203-1381 E-mail: dconnect@deltadentalnc.org									

WEB SITE

www.deltadentalinc.org

The primary focus of our Web site is to meet the needs of our subscribers, benefit administrators and dentists. In addition to being a resource for oral health care needs, we've also developed several creative, interactive components that address critical customer service needs. These components will begin to immediately save time and money for all our key stakeholders. Features include:

- **Benefits Inquiry:** Dental offices can access information on their patients' eligibility, frequency information for common procedure codes, and "benefits used" information for individuals and families.
- **Claims Inquiry:** Members and dental offices log on to view claims information including date of service, procedure detail, amounts paid by Delta Dental and the member, deductibles, date of service, amount submitted, approved and allowed, claim status, and date claim was paid.
- **Eligibility Inquiry:** Members and dental offices verify eligibility and access information including dates and level of coverage and specific details on subscriber and/or dependents.
- **Interactive Dentist Search:** Input city and state or zip code and receive a current list of dentists or specialists who meet your specified geographical requirements.
- **Online Enrollment:** Benefit administrators have the ability to enter and view daily additions, changes and terminations to Delta Dental's membership file for their groups and subgroups, as well as to create system-generated summary reports of daily activity. Online enrollment is an excellent choice for groups of 2,000 or less employees who do not currently send enrollment via electronic (tape) format. For more information, contact your marketing representative.
- **Oral Health Care Information:** View, print and/or save informational tips on a range of oral health care topics including children's oral health, how to handle dental emergencies, and how to choose the right dental care products.

UTILIZING THE SERVICES OF AN AGENT/PRODUCER

AGENT OF RECORD

An agent, also referred to as a producer, may represent your group and receive commission for the products sold to you. Delta Dental recognizes an Agent of Record when he or she is named in the Agent of Record section of the Master Dental Contract Application.

Before Delta Dental can release group-specific information to an Agent of Record acting on your behalf, we must receive written authorization. To designate an Agent of Record, send a letter of notification on your company's letterhead with the following producer information: name, agency name, address and phone number.

All Agents of Record are required to have a signed Business Associates Agreement in place. If your group changes agents, send a letter to Delta Dental on your company letterhead requesting a change in the Agent of Record and list the new Agent of Record's name, agency name, address and phone number. The effective date of the Agent of Record change is the first of the month following the date of the change request. We will send a letter of acknowledgement to you, and copies of the letter to the new Agent of Record and the previous Agent of Record. Delta Dental will then copy your producer on all renewal mailings sent to you.

Send completed forms to:

Self-Insured, Individually Rated Large Groups of 100+ Employees

Delta Dental of North Carolina
343 E. Six Forks Road, Suite 180
Raleigh, NC 27609
Fax: 1-919-832-6549

Community Rated Business Groups of 5-99

Delta Dental of North Carolina
Attention: Delta Dental Connect
730 South Broadway
Gilbert, MN 55741
Fax: 1-877-203-1381

If you utilize a producer, he or she will work with Delta Dental on your behalf to provide a variety of services and support, which may include:

- Providing you with the forms and information required to maintain plan eligibility.
- Reviewing completed forms for accuracy and working with you to obtain any missing information.
- Reading and understanding your group contract.
- Presenting renewal information to you at least 30 days before the effective date of contract renewal.
- Assisting you with open or re-enrollment if your contract allows.
- Ensuring that all enrollment forms completed by new subscribers at open enrollment, if applicable, reach Delta Dental at least 20 business days before the effective date of contract renewal.
- Assisting with claim and billing issues.

- Helping you to comply with ERISA and COBRA regulations.
- Notifying Delta Dental by fax, phone or mail if the designated benefit administrator or the group address changes.

RENEWALS & CANCELLATIONS

CONTRACT RENEWALS

Renewal letters are sent to you in accordance with the timelines established in the group contract. If you are using a producer, he or she will also receive a copy of your renewal notification.

If you choose to change your coverage at renewal, you or your producer must notify Delta Dental in writing.

If Delta Dental does not receive a response to the renewal offer, the contract will be renewed according to the terms described in the letter, effective on the contract renewal date. The renewal letter serves as an amendment to the group contract.

CANCELLATIONS AND TERMINATIONS

Contracts Cancelled by the Group

Any request to cancel coverage must be received from the group in writing on company letterhead. Please review the group contract for specific information about canceling coverage.

Failure to Meet Underwriting Guidelines

If a group does not meet underwriting guidelines as defined in the group contract and Master Dental Contract Application, the contract may be terminated. Delta Dental will notify the group and Agent of Record by letter.

Contracts Terminated for Non-Payment

When a payment is overdue, Delta Dental will send a letter to the group informing the group that the account is delinquent and claims may be placed on hold until payment is received.

Delta Dental will give the group a 31-day grace period in which to make payment. If payment is received during the grace period, the hold on claims is removed. If payment is not received during this period, Delta Dental will send a letter of notification to the group informing them the contract will be terminated and claims will be denied.

Groups that have not paid will have their contract terminated effective on the last day of the month for which the premium was paid. If payment is received after the contract is terminated, the group may apply for reinstatement. Should the reinstatement be approved, the group will be required to make future payments via Automated Clearing House (ACH).

MEMBERSHIP ENROLLMENT AND MAINTENANCE

Accurate and timely enrollment information from the group allows us to respond to member inquiries, process claims correctly and generate accurate billing statements. Delta Dental offers three methods for reporting enrollment information. The method a group uses depends on such factors as the group size, level of change activity, and required reporting frequency. These reporting methods are:

ONLINE ENROLLMENT

Online Enrollment is recommended for employee groups of 2,000 or less. In some cases, it is also appropriate for larger groups that have multiple locations and/or groups with minimal ongoing changes. Online Enrollment, a part of our Web site, www.deltadentalinc.org, allows you to view and apply daily additions, changes and terminations to the Delta Dental membership file. Please contact your marketing representative to obtain more information about using Online Enrollment.

ELECTRONIC ENROLLMENT

The Electronic Enrollment process is recommended for employee groups of 500 or more. Electronic Enrollment facilitates the transfer of enrollment information in a standard data format that increases data accuracy and decreases turnaround time. This requires HIPAA 834 file format sent via FTP. Please contact your marketing representative if you would like information on our implementation process and file format requirements.

PAPER ENROLLMENT

If Online or Electronic Enrollment are not options, we also accept enrollment changes using enrollment forms. We provide *Membership Enrollment forms (E81)* to be used for new hires and employees who have not previously been covered under the group's dental plan through Delta Dental. We also provide *Membership Maintenance forms (E82)* to be used to report changes to or termination of existing subscribers/dependents. Use of our standard forms assists with quality and efficiency during the data entry process. You can request copies of the form by contacting your marketing representative or print a form from the Delta Dental Web site (www.deltadentalinc.org). If you would like to email or use a spreadsheet to report eligibility information, contact the Enrollment Department for more details. Enrollment requests sent through the mail, faxed or emailed are generally completed within five business days of receipt.

How to Avoid Delays in Enrollment Processing

When submitting enrollment requests it is important to provide complete and accurate information. Requests that are illegible or have missing information may be returned without being processed. If you need assistance in completing a form, contact the Enrollment Department at 1-800-928-6459. Listed below are some tips to ensure enrollment requests are not delayed:

- Before submitting a request, please review the form to be sure all appropriate fields are completed.

- Include Group Representative Name, Telephone Number, Group Name, Group and Subgroup Numbers on all requests.
- Only terminations may be reported on the monthly billing Subscriber List. All other changes require the use of a Membership Maintenance form.
- Do not submit enrollment changes with your payment, as the requests go to different locations and will not be received by the Enrollment Department.
- Send all requests to the attention of the Enrollment Department.

Timely Notification and Retroactive Policy

New enrollments, changes and terminations should be submitted within 30 days of the occurrence (i.e., new hire, marriage, divorce, termination, etc.) regardless of a benefit plan probationary period or waiting period. A request received more than 30 days after the effective date of the add/change/termination is considered a retroactive change.

Because it is not always possible to submit changes within 30 days, Delta Dental provides a 90-day grace period. Requests received within 90 days of the effective date of the change will be honored. Requests received after the 90-day grace period may not be honored or may result in adjusted coverage dates. The retroactive policy is a no fault policy which applies to a clerical error by Delta Dental or the group. On a timely basis, please review the monthly Subscriber List provided with your bill and report any errors or omissions as soon as possible.

IDENTIFICATION CARDS

Delta Dental provides two identification cards that are printed with the group name, group number, and Delta Dental assigned subscriber ID. The group administrator will receive the identification cards and is responsible for distribution to employees.

Additional or Replaced ID Cards

To request additional ID cards, the subscriber may contact Delta Dental Customer Service at 1-800-662-8856. The group administrator will receive the requested identification cards and is responsible for distribution to employee(s).

CERTIFICATE BOOKLETS

Delta Dental will send standardized, “generic” subscriber benefit booklets (Dental Benefit Plan Summary) and a Summary of Benefits for the product purchased by the group. Upon your group’s initial enrollment, one and a half times as many booklets will be sent to accommodate employee requests. The group administrator is responsible for distribution of booklets to employees. You are encouraged to keep an adequate supply on hand. Additional copies of the booklets may be requested from Delta Dental Customer Service at 1-800-662-8856.

GROUP BILLING

Delta Dental sends all groups a statement for premiums or claims and administrative fees at least once per month. This statement summarizes all activity for the group including all current and retroactive charges since the prior month's billing.

You are encouraged to pay the amount *as it appears* on the statement rather than making manual adjustments to accommodate enrollment additions or deletions. The Delta Dental billing system automatically makes the adjustment on the next month's billing for changes received. Please review your Subscriber Listing every month to confirm that all expected changes have been made. Manual adjustments made to the bill by the benefit administrator often result in inaccurate payment, make it more difficult for the billing staff to answer questions about the group's account and create past due balances.

In addition to receiving a statement, you will also receive a monthly Subscriber Listing indicating enrollment changes made prior to the billing date, such as employee additions and deletions, effective date changes, and status changes. Using the Subscriber Listing, you can verify the names of covered employees and effective dates.

Billing schedules are mailed yearly to the groups indicating the date group statements will be mailed for the upcoming calendar year. If you need a copy of the billing schedule, contact the billing department at 1-800-906-4702.

FULLY-INSURED GROUPS

Statements are sent to fully-insured groups once per month and premium payments are due by the first of each coverage month.

Fully-insured groups receive the following reports with their bill.

- Statement
- Subscriber Listing

SELF-INSURED GROUPS

Self-insured groups are billed for the claims activity issued during the previous billing period plus an administrative fee.

Self-insured groups receive the following reports with their bill.

- Statement
- Subscriber Listing
- Invoice with the amount of claims and administrative fees due
- Claims Detail Activity Report

A CLOSER LOOK AT THE BILL

THE STATEMENT

The statement summarizes activity that has occurred on the account during the billing period. The client should keep one copy for their records and the second copy should be returned with the payment. The following information is included on the statement.

- **Invoice Number:** This distinguishes each transaction and is referenced on the Subscriber Listing.
- **Transaction Date:** Date invoice was generated or date payment was received.
- **Transaction:** Type of transaction (e.g., invoice, debit memo, credit memo or payment).
- **Due Date:** Payment due date.
- **Reference:** Billing period for debit and credit memos and the check number or ACH reference for payments.
- **Transaction Amount:** Amount billed or payment applied to account.
- **Amount Due:** Balance due or cash unapplied for each amount billed.
- **Total Amount Due:** Total payment due including current and past due amounts.

THE SUBSCRIBER LISTING

The Subscriber Listing reports all individuals who were subscribers during the subscriber period noted on the upper right corner of the Subscriber Listing. Premium amounts (for fully-insured) or administrative fees (for self-insured) billed on a per subscriber basis are reported in the "Current Amount" and "Retro Amount" columns. The following information is included on the Subscriber Listing.

- **Account Number:** Uniquely identifies the bill.
- **Customer Reporting Number:** Six-digit group number, a four-digit sub-group number and a four-digit reporting number.
- **Last Name:** Subscriber's (employee) last name.
- **First Name:** Subscriber's first name.
- **REF#:** Subscriber's ID number provided to Delta Dental by the customer.
- **Subscriber ID:** Subscriber's identification number.
- **Effective Date:** Most recent enrollment change date (e.g., termination, coverage type, Customer Reporting Number).
- **Coverage Type:** Type of coverage (e.g., single, family, etc.).
- **Current Amount:** Amount billed for each subscriber.
- **Retro Amount:** Amount billed or credited for previous subscriber periods as indicated below the subscriber's effective date.
- **Total Amount:** Current and retroactive amount billed by coverage type.
- **COBRA:** Subscribers identified as enrolled for COBRA benefits.
- **Summary:** Per subscriber premiums (for fully-insured) or administrative charges (for self-insured) shown by total employee counts for each coverage type and any retroactive charges or credits.
- **Messages:** ACH debit dates or other messages are displayed.

THE INVOICE (SELF-INSURED GROUPS ONLY)

The invoice summarizes all amounts due for the current billing period as designated by the subscriber and claims periods noted in the upper right corner of the invoice. The invoice provides total amounts due by Customer Reporting Number. The following information is included.

- **Customer Reporting Number:** Six-digit group number, a four-digit sub-group number, and a four-digit reporting number.
- **Number of Current Employees:** Total number of employees billed for each Customer Reporting Number.
- **Number of Claims:** Total claims processed during claim period.
- **Claim Amount:** Total dollar amount of claims processed during claim period.
- **Adjustment Amount:** Adjusted amount billed for claims or administrative fees including description (e.g., claims, percentage of claims).
- **Rate Amount:** Administrative fees due for each Customer Reporting Number including explanation of the calculation method used.
- **Total Amount:** Totals for each Customer Reporting Number and grand total due in the lower right box on last page.
- **Messages:** ACH debit dates and other payment messages, if applicable.

THE CLAIMS DETAIL ACTIVITY REPORT (SELF-INSURED GROUPS ONLY)

The Claims Detail Activity report lists all activity recorded during the claim period noted in the upper right corner. The following information is included.

- **Name:** Subscriber's last name and patient's first name.
- **Subscriber ID:** Subscriber's identification number.
- **Rel:** Code describes relationship of patient to subscriber.
 - EMP = Employee
 - SP = Spouse
 - DAU = Daughter
 - SON = Son
- **DOB:** Patient date of birth.
- **Claim Number:** Unique number assigned to each claim processed.
- **Date of Service:** Most recent date services were rendered.
- **Submitted Fee:** Amount billed by provider.
- **Patient Owes:** Amount patient owes provider including deductibles, coinsurance and office co-payments.
- **Plan Pays:** Amount Delta Dental paid for the services provided.

PAYMENT METHODS

AUTOMATED CLEARINGHOUSE (ACH)

Delta Dental recommends paying premiums or fees electronically through an Automatic Clearinghouse (ACH) debit to your bank account.

Benefits of using ACH:

- The bill is paid electronically and conveniently.
- ACH eliminates the cost of writing and mailing checks.
- ACH eliminates the cost of lost, misdirected payments or mail delays, and ensures that bills are paid consistently each billing cycle.
- With ACH there is no worry about late payments or a lapse in coverage.
- ACH is safer than writing a check, as the customer has additional rights with the bank not available with a check.

If you have any questions, call Delta Dental Group Billing at 1-800-906-4702.

To sign up for ACH, you must complete an Automated Clearinghouse Authorization Agreement (see forms at end of manual) and fax to 1-877-201-7345 or mail to the following address:

Delta Dental of North Carolina
Attn: Group Billing
P.O. Box 9304
Minneapolis, MN 55440-9304

REMITTING PAYMENT BY CHECK

Please provide payment support documentation with your check. The group is provided with two copies of the statement. One is for your records and one is provided to submit with payment.

When submitting payment by check, remit payment to us at:

Delta Dental of North Carolina
P.O. Box 535183
Atlanta, GA 30353-5183

HIPAA INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) mandates nationwide standards to protect the privacy of individually identifiable health information. The HIPAA Privacy Regulation applies to “covered entities,” including health plans, health care clearinghouses and certain health care providers. For Delta Dental’s fully- insured business, we are considered a health plan (and a covered entity) and therefore must comply with all requirements. When we act as administrator for self-insured plans, Delta Dental is a HIPAA “business associate.” The HIPAA compliance requirements vary depending on funding arrangement, so more details are provided below about each type.

SELF-INSURED PLANS (ASO ARRANGEMENT)

If your group plan is ASO, it is considered a HIPAA covered entity and the HIPAA Privacy Regulation applies to the plan. An important distinction here is that the employer who sponsors the plan is not a covered entity, but the self-insured plan is.

As the Third Party Administrator for your plan, we receive and maintain Protected Health Information (PHI) on your behalf, making us your HIPAA “Business Associate.” HIPAA requires plans like yours to have contractual assurances that business associates handle PHI appropriately. This is accomplished by signing and executing a Business Associate Agreement with us. This agreement must be in place for PHI to be used or disclosed for processing claims.

It is Delta Dental’s policy to disclose PHI only to designated contacts from each self-insured dental plan. The HIPAA Certification Form and Designated Contact Form must be completed and returned to Delta Dental. If we don’t have this form on file, we cannot disclose PHI to you – except for summary (de-identified) data, and enrollment and dis-enrollment information about individual members.

FULLY-INSURED PLANS (RISK ARRANGEMENT)

Fully-insured group health plans, on the other hand, are exempt from many of the HIPAA Privacy Rule requirements. Delta Dental, however, in its role as insurer, is a covered entity and must comply. HIPAA requires us to provide a Privacy Notice to all subscribers. This is sent out directly by Delta Dental to the subscriber or is included in the Benefit Booklet.

The group’s sponsor (typically the employer) is restricted in the types of PHI it can receive. Delta Dental will disclose to the group sponsor only summary (de-identified) data, and enrollment and dis-enrollment information about particular individuals. If you need additional information about a member, please contact us. An authorization form must be completed by the member and returned to Delta Dental prior to releasing that member’s PHI to you.



Fully-Insured Groups Automated Clearinghouse Authorization Agreement

Company Name _____

authorizes the charge to our bank account through the Automated Clearinghouse (ACH) for the **Total Amount Due** according to our Invoice / Statement. Premium will be taken on the first business day of each month.

Group Number _____

ACH Effective Date _____


Bank Name _____

Bank Address _____

Bank Account Number _____

Type of Account Checking Savings

Bank Account Name _____

Bank Routing Number _____
(between these symbols  on the bottom left of your check)

PLEASE INCLUDE A VOIDED CHECK

Authorized Individual of the Account _____

Print _____

Signature _____ Today's Date _____

Title _____ Telephone Number _____

E-Mail address _____

Questions? Please call our Billing and A/R Department at 1-800-906-4702

Please complete this form and fax to us at 1-877-201-7345.

or,

Please complete this form and mail to:

Delta Dental of North Carolina
ATTN: Billing and Accounts Receivable
P.O. Box 9304
Minneapolis, MN 55440-9304



Self-Insured Groups Automated Clearinghouse Authorization Agreement

Company Name _____

authorizes the charge to our bank account through the Automated Clearinghouse (ACH) for the **Total Amount Due** according to our Invoice / Statement. If billed monthly, ACH will be taken on the 10th of each month. If the 10th is a weekend or holiday, ACH will be taken the next business day. If billed weekly, ACH will be taken two (2) business after the invoice has been delivered/mailed.

Group Number _____

ACH Effective Date _____

Bank Name _____

Bank Address _____

Bank Account Number _____

Type of Account Checking Savings

Bank Account Name _____

Bank Routing Number _____

(between these symbols  on the bottom left of your check)

PLEASE INCLUDE A VOIDED CHECK

Authorized Individual of the Account _____

Print _____

Signature _____ Today's Date _____

Title _____ Telephone Number _____

E-Mail address _____

Questions? Please call our Billing and A/R Department at 1-800-906-4702

Please complete this form and fax to us at 1-877-201-7345.

or,

Please complete this form and mail to:

**Delta Dental of North Carolina
ATTN: Billing and Accounts Receivable
P.O. Box 9304
Minneapolis, MN 55440-9304**