



Participating Dentist Agreement

I, owner of _____ ,
agree to accept the Redwood Health Services (RHS) fee schedule for the services
rendered by all providers billing under my tax ID number and for all practice locations.

These contracted fees will begin on _____ and thereafter.

I will be eligible for another fee update request on, or after, _____ .

It is understood that patient’s responsibility will be for deductible(s) and co-payment(s) and
benefits not covered by the patient’s dental insurance plan.

Neither the patient nor RHS will be responsible for variances to the approved fee schedule.
However, such differences will be adjusted by my dental office.

Fees that have never been filed and approved by RHS, but are submitted for payment,
will be paid on the average fee for all participating dentists for my area under the RHS
agreement. My dental office will adjust such differences.

By signing this agreement, I agree to be bound by its terms for all services performed on
patients eligible under the RHS self-insured dental programs.

I understand that either RHS or I may cancel this agreement at any time with thirty days’
written notice to the other party.

Owner’s Name (please print) _____

NPI # _____ Tax ID # _____

Dental Specialty Code: (GD, EN, OS, PD, PS) _____ Other _____

Address _____

City _____ State _____ Zip _____

Email _____ Fax Number _____

Owner’s Signature _____ Date _____



Redwood Health Services

Contact rhscustomerservice@rhs.org • 800-548-7677, option 2 • www.rhs.org