

Associated Dental Practice Certification

Smile Dental Plan LLC, 9 Furler St, Totowa, NJ 07512

Associated Dental Practice

Practice Name

Address

Primary Phone

Practice EIN

Professional Certification

The undersigned hereby certifies that all dentists listed in section Practice and Dentists, who are associated with the above-named practice are duly licensed, certified, and authorized to perform all duties associated with the practice of dentistry in accordance with applicable state and federal regulations. All professional certifications, licenses, and credentials held by the listed dentists are current, valid, and in good standing as of the date of this certification.

Annual Certification Requirement

The practice and all owners agree to submit an updated certification document on an annual basis to confirm the continued accuracy of all information provided herein, including but not limited to the roster of practicing dentists and the status of all professional certifications and licenses.

In the event that new dentists or associates join the practice, a single certification document specific to such new personnel shall be submitted promptly upon their commencement of practice. These new dentists or associates will thereafter be included in the practice's annual certification schedule.

In the event a dentist disassociates with the practice, the practice is required to advise via phone or email Smile Dental Plan LLC within 30 days.

Hold Harmless and Indemnification

The undersigned practice, including all owners, dentists, associates, and any other parties (past, present, and future) associated with the practice identified above, hereby agrees to hold harmless and indemnify Smile Dental Plan LLC and all of its members (past, present, and future) from any and all liabilities, claims, damages, judgments, penalties, fines, costs, and expenses of any nature whatsoever arising from or related to:

1. The provision of dental services by the practice or any dentist associated with the practice;
2. Any acts, omissions, negligence, malpractice, or professional misconduct by the practice or any dentist associated with the practice;
3. Any failure to maintain proper licensure, certification, or credentials;
4. Any claims made by patients, members, or third parties arising from services provided;
5. Any violation of applicable laws, regulations, or professional standards of care.

This hold harmless and indemnification provision applies to all past, present, and future members of Smile Dental Plan LLC and shall survive the termination of the practice's participation in the Smile Dental Plan network.

Attestation and Signature

By signing below, the undersigned acknowledges that they have read, understood, and agree to all terms and provisions contained in this certification document. The undersigned further certifies that all information provided herein is true, accurate, and complete to the best of their knowledge.

Date: _____

Signature of Practice Owner/Authorized Representative

Printed Name and Title

Practice Stamp/Seal (if applicable)

Practice and Dentists

Dentist Name: _____

License #: _____

Specialty: _____

Dentist Name: _____

License #: _____

Specialty: _____

Dentist Name: _____

License #: _____

Specialty: _____

Dentist Name: _____

License #: _____

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License #: _____

Specialty: _____

Dentist Name: _____

License #: _____

Specialty: _____

Dentist Name: _____

License #: _____

Specialty: _____

Dentist Name: _____

License #: _____

Specialty: _____

Certification Acceptance Signature (SDP LLC Only)

By signing below, the undersigned acknowledges that they have accepted the certification information provided by the practice and concludes the annual certification document.

_____ Date: _____

Smile Dental Plan LLC Principal/Authorized Representative

Printed Name and Title