

AGREEMENT FOR ADVANCE DENTAL CLAIMS PAYMENTS

In view of the State of Emergency arising from the Covid-19 virus and the corresponding Provider Advisory by the Rhode Island Department of Health that dental providers postpone elective procedures for three weeks following March 17, 2020 (the "Dental Provider Advisory"), Delta Dental of Rhode Island ("Delta Dental") and the undersigned participating dentist (or current undersigned payee designee of a participating dentist) (collectively, "the Dentist") hereby agree as follows:

1. The Dentist has opted to participate in Delta Dental's Advance Claims Payment Program ("ACPP").

2. Delta Dental shall weekly, beginning with the week following its receipt of the Dentist's execution of this Agreement, advance to the Dentist a lump sum (the "Advance") equal to a percentage (selected by the Dentist from the choices provided below, up to 50%) of the Dentist's Average Weekly Dental Claims Payments for a period not to exceed four weeks:

check one

15%___ 30%___ 50%___

3. For purposes of this Agreement, "Weekly Average Dental Claims Payments" means a sum equal to the average weekly dental claim payments made by Delta Dental to the Dentist from January 1, 2020 through March 6, 2020.

4. The Advance shall, subject to the Dentist's compliance with the provisions hereof, be an interest free loan from Delta Dental to the Dentist, which the Dentist hereby agrees to repay as follows:

(a) Repayment of the cumulative sum of The Advance shall begin on July 1, 2020 (the "Repayment Commencement Date").

(b) Repayment shall occur ratably in equal weekly installments over the 24 weeks following the Repayment Commencement Date (the "Repayment Period"). Repayment shall occur via prorated portions of the Advance being deemed payment by Delta Dental to the Dentist for such future dental service claims as would otherwise duly qualify for payment by Delta Dental during such period in the absence of this Agreement, and shall be credited by the Dentist as such.

(c) Notwithstanding any other provision of this Agreement, to the extent that the full sum of the Advance has not been repaid by application to future dental service claims ratably as provided in Section 1(b) above, or has not otherwise been repaid, on or before the expiration of the Repayment Period, the Dentist agrees to pay to Delta Dental in full, on or before the last day of the Repayment Period, without the necessity of notice or demand, such portion of the Advance that has not been repaid as aforesaid.

5. In the event the Dentist has not fully repaid the Advance to Delta Dental by the last day of the Repayment Period as aforesaid, or by such later date, and upon such terms, as Delta Dental and the Dentist may mutually agree in writing, the Dentist will be in breach of this

Agreement, and interest shall become payable on the balance due at the rate of 2% per annum, and the Dentist shall be liable for the reasonable costs of collection incurred by Delta Dental to redress such breach, including such counsel fees as may reasonably be incurred.

6. All provisions of the Participating Dentist Agreement and the Delta Dental Rules And Regulations For Dentists, as applicable, remain in full force and effect.

DELTA DENTAL OF RHODE ISLAND

THE DENTIST

By: _____

Joseph R. Perroni
President & CEO

Date: _____

By: _____

Print: _____

Lic. #

Date: _____

PAYEE DESIGNEE OF DENTIST*

By: _____

Its: _____

Names And License Numbers of Participating Dentists in the Practice for which Payee Designee Receives Payment:

Name: _____

Lic. #

Name: _____

Lic. #

Name: _____

Lic. #

(attach additional pages as necessary)

**This Agreement should be executed by the Participating Dentist except where DDRI is currently making payments to a Practice through a designated business entity, in which case that entity (the "PAYEE DESIGNEE OF DENTIST") should execute this Agreement and list the Participating Dentists in the Practice.*