

### Claim Submission & Signature on File Authorization Form

(Only available to participating dental offices in Hawaii, Guam and Saipan)

Please submit one form for each Dentist / Treating Location

Dentist's Last Name		First Name		Dentist's License #		e-mail Address			
Corporation Name				Dentist's Filing #		Phone		Fax	
Address				City		State		Zip Code	

**Dentist - check this option if you would like full access to HDS Online & DenTel for yourself**

AUTHORIZED AGENT #1	1) Select option: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update User Access	2) _____ Last Name First Name	4) <b>Check authorized access:</b> <input type="checkbox"/> DenTel & HDS Online Eligibility Verification <input type="checkbox"/> Online Claim & Attachment Submission <input type="checkbox"/> Online Filed Fee, Claim & Attachment Submission <input type="checkbox"/> Remittance Advice Info
		3) _____ Signature	

AUTHORIZED AGENT #2	1) Select option: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update User Access	2) _____ Last Name First Name	4) <b>Check authorized access:</b> <input type="checkbox"/> DenTel & HDS Online Eligibility Verification <input type="checkbox"/> Online Claim & Attachment Submission <input type="checkbox"/> Online Filed Fee, Claim & Attachment Submission <input type="checkbox"/> Remittance Advice Info
		3) _____ Signature	

AUTHORIZED AGENT #3	1) Select option: <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> Update User Access	2) _____ Last Name First Name	4) <b>Check authorized access:</b> <input type="checkbox"/> DenTel & HDS Online Eligibility Verification <input type="checkbox"/> Online Claim & Attachment Submission <input type="checkbox"/> Online Filed Fee, Claim & Attachment Submission <input type="checkbox"/> Remittance Advice Info
		3) _____ Signature	

**When authorized above,** I permit the above named person(s) to execute, on my behalf and as my agent(s), all claims and related transactions for services rendered. I agree to accept full responsibility for the accuracy and propriety of each submitted transaction, and in particular, I understand that the execution of each submission shall constitute a certification that the charges indicated are proper and correct and that no payments have been received except as noted. I also certify that I maintain the patient's signature on file for submission of all claims sent to HDS and release of all information related thereto.

I attest that fees filed online by myself or my agent will represent my "Usual" fees as charged to all my patients. I further understand that I may update my fees once every twelve months per procedure code.

It is also understood that the appointment of the above named person(s) as my agent(s) shall remain in effect, and may be conclusively relied upon by HDS, until such time as you receive cancellation thereof executed in writing either by me or my said agent(s). This will be done immediately, so proper security measures can be made to cancel said employee's access codes.

DENTIST SIGNATURE	DATE
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