



## NEW CLIENT SERVICES ENROLLMENT FORM

By Acknowledging and Signing below Customer agrees to the terms of service outlined within this enrollment agreement. All references in this Agreement to ExtraDent, VDO, ClaimX and/or CAT shall refer to and be one and the same as Computer Aided Technologies, Inc. d/b/a ExtraDent.

Please Complete All 12 Sections Must be Completed (Pages 1 through 7) Missing information will delay enrollment.

Practice Information:

1. Practice Name: \_\_\_\_\_

Practice Primary Contact Name/Title: \_\_\_\_\_

Practice Street Address: \_\_\_\_\_

Practice City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Practice Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Practice / Type 2 NPI #: \_\_\_\_\_ Tax #: \_\_\_\_\_

<b>2. Electronic Claim Submission Service</b>	\$ per claim      This service must be Initialed----->	
<b>Claim Status Requests (Included with Claim Submission Service)</b>	Free with Claim Submission Service	<b>X</b>
<b>Electronic Convenience Fee</b>	\$4.95 Per Month	<b>X</b>
<b>3. Electronic Remittance Advice (ERA) Delivery</b>	\$4.95 Per Month      This service must be Initialed ----->	
<b>4. Electronic Eligibility Service</b>	\$24.95 per month      This service must be Initialed----->	
<b>5. Manual Eligibility and Benefit Verification Service</b>	Must enroll in Electronic Eligibility Service (above) to be eligible for Manual E&B Requests.  - \$4.00 per Manual Benefit Request (Includes Eligibility) where Payer Fax return is available.  - \$6.00 per Manual Benefit Request (Includes Eligibility) where Payer Fax return is <b>not-available</b> . In this instance the ExtraDent Basic BCA form is supplied instead.  This service must be Initialed ----->	
<b>6. Benefit Coverage Assistant Services Delivery</b>	Negotiated Terms identified in next page of agreement (if applicable)  This service must be Initialed ----->	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify ExtraDent in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the agreed upon payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the transaction processes. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that ExtraDent may at its discretion attempt to process the original charge as well as all fees incurred by ExtraDent as a result of the rejected payment within 30 days of ExtraDent's receipt of the notice of rejection. I acknowledge that the origination of ACH transactions to my account must comply with all applicable laws and regulations.

7. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED \_\_\_\_\_ TITLE: \_\_\_\_\_

Promotion Code: \_\_\_\_\_ Promoter Name: \_\_\_\_\_

Initials: \_\_\_\_\_



**ExtraDent - ClaimX Electronic Services Enrollment**

BELOW IS THE PAYMENT PROCESSING DETAIL FOR ALL SERVICES YOU ARE CONTRACTING WITH EXTRADENT / DBA VDO / DBA CAT / DBA CLAIMX TO PERFORM ON YOUR BEHALF

\*Charges on statement will be from ExtraDent.

\*\* No refunds will be issued for services purchased. All VDO Contractual hours will expire after 30 days of inactivity.

**8. ACH or Debit / Credit Card**

I (we) hereby authorize **ExtraDent (CAT)** to initiate entries to my (our) checking/savings account and if necessary initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until ExtraDent is notified by me (us) in writing to cancel this payment option.

Routing #: \_\_\_\_\_

Account#: \_\_\_\_\_ Checking or Savings (circle one)

Bank Name: \_\_\_\_\_

**Credit Card Information**

Credit Card Type:     Visa     MasterCard     AmericanExpress     Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_



## New Client Account Profile

Please complete all information below to ensure proper onboarding. Missing information could delay services enrollment.

9. Practice Email: \_\_\_\_\_

Providers Information: (if you have more than three providers, place their info on a separate piece of paper)

Specialty Code: General Dentist: 301 | Endodontist: 303 | Oral Surgeon: 309 | Orthodontist: 307 | Pediatric: 304 | Periodontist: 305 | Prosthodontist: 306 | Denturist 310

Provider's Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Specialty Code: \_\_\_\_\_

Provider's Mobile Phone Number: \_\_\_\_\_ Provider's Email: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Specialty Code: \_\_\_\_\_

Provider's Mobile Phone Number: \_\_\_\_\_ Provider's Email: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Specialty Code: \_\_\_\_\_

Provider's Mobile Phone Number: \_\_\_\_\_ Provider's Email: \_\_\_\_\_

Staff Contact Names: \_\_\_\_\_

Staff Emails: \_\_\_\_\_

10. PMS System Information: Practice Management Software Name: \_\_\_\_\_ Version: \_\_\_\_\_

11. eClaims Provider Service if not ClaimX: \_\_\_\_\_

12. Please list any Insurance Company online login information (use extra sheet if need more) (user name & passwords):

<u>Insurance Co. Name</u>	<u>Website Address</u>	<u>User Name</u>	<u>Password</u>

Initials: \_\_\_\_\_



### Check List for Additional Enrollment

The Insurance Carriers listed below require additional clearinghouse enrollment paperwork in order to accept claims electronically. In most cases, it is just a one or two-page form with your practice and or provider information and signature. Please select only the insurance companies that your practice will be sending claims to and we will forward the forms to you by email and or fax once we have set up your account.

### CLAIM SUBMISSIONS

- Blue Shield of ID (In State Only)(CBID2)
- Blue Cross of KS (In State Only)(CBKS1)
- Blue Cross Blue Sheild of KS City (MO) (DX067)
- Blue Cross of MS (In State Only)
- Blue Cross of ND (CX004)
- Blue Cross of TN (CBTN1)
- Blue Cross of Western New York (801)
- Blue Shield of Northeastern New York (800)
- Deseret Mutual Benefit Administrators (DX214)
- Denti-Cal (94146)
- Health Now New York (55204)
- Health Partners of MN (CX009)
- Medicaid of CT (CKCT1)
- Medicaid of DE (CKDE1)
- Medicaid of DC (77033)
- Medicaid of FL (CKFL1)
- Medicaid of GA (CKGA1)
- Medicaid of IA (CKIA1)
- Medicaid of KY (CKKY1)
- Medicaid of ME (CKME1)
- Medicaid of MI (CKMI1)
- Medicaid of MN (CKMN1)
- Medicaid of MS (CKMS1)
- Medicaid of NC (CKNC1)
- Medicaid of NJ (CKNJ1)
- Medicaid of NV (CKNV1)
- Medicaid of NY (CKNY1 & CKNY2)
- Medicaid of TX (CKTX1)
- Medicaid of UT (CKUT1)
- Medicaid of VT(CKVT1)
- Medicaid of WA (CKWA1)
- Medicaid of WY (CKWY)



## ExtraDent - ClaimX Electronic Services Enrollment

### **THIS LICENSE AGREEMENT EXTRADENT TO INSTALL CLAIMX ON YOUR NETWORK FOR CLAIMS PROCESSING AND/OR BENEFITS**

By installing, copying, or otherwise using the ClaimX software, the Customer agrees to be bound by the terms and conditions of this agreement. If the Customer does not agree to these terms and conditions, Customer is prohibited from installing, copying, or using the ClaimX software.

ExtraDent grants the Customer a license to use the ClaimX software for the sole purpose of recording, transmitting, and/or receiving electronic health transactions. Customer shall not use the ClaimX software for any purpose other than the submission of claims to ExtraDent and/or its affiliated clearinghouses.

ExtraDent will send electronically all claims submitted by the Customer through the ClaimX software to the appropriate insurance carrier, directly or through affiliated clearinghouses, after said data has been edited and error-corrected and subject to limitations set by said insurance carriers and subject to electronic connection availability to carriers by ExtraDent. All other claims will be printed to paper and mailed to the appropriate carrier via first class mail or faster.

ExtraDent is not responsible for the insurance carrier processing of any dental or medical claims. No promise or guarantee exists between ExtraDent and the Customer as to the time elapsed for processing of any claims by any carrier, or that the carrier will process any claim in electronic or paper format, or that the carrier will accept or reject any claims for processing or payment.

ExtraDent is not responsible for the rejection of or the cost of processing claims due to incorrect or incomplete claim information provided by the Customer.

ExtraDent reserves the right to edit and error-correct all data submitted upon a written Overwrite Protection request signed by Customer and agreed to by ExtraDent. In the event ExtraDent is unable to electronically submit a claim to the appropriate insurance carrier, such claim shall then be printed on paper and mailed to such carrier via first class mail or other similar parcel service. ExtraDent cannot change, add to or delete any claim data submitted to it by the Customer (except that it may remove any zero fee procedure code). Any errors must be corrected by the Customer and resubmitted on a written Overwrite Protection request signed by Customer and agreed to by ExtraDent. Customer shall be charged for any costs incurred by ExtraDent as the result of Customer's failure to submit accurate and complete claim information.

The Customer agrees that the Customer will only use ClaimX software for lawful purposes and any claims information or data submitted by the Customer to ExtraDent or insurance carriers through ExtraDent is legally within the Customer's control and the Customer has any and all necessary permissions to submit said claims, data, or information.

The Customer understands that ExtraDent systems utilize databases containing information regarding patient eligibility and coverage. ExtraDent shall not be liable to Customer for any inaccuracy as long as ExtraDent has acted in good faith and without gross negligence. The Customer is responsible for the information supplied to the insurance carriers. ExtraDent has no responsibility to the Customer or the Customer's patients for any incorrect information supplied by the Customer. The information provided by the Customer will be subject to periodic post payment audits by the insurance carriers. The insurance carriers have the right to review and copy the Customer's records and related billing information. A copy of this agreement is available to ExtraDent payers at their discretion; credit card information will not be disclosed.

Current federal guidelines, as stated by the US Department of Health and Human Services, and outlined within the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations, allow for the assignment and recognition of a "Business Associate" relationship, such as the one outlined in this agreement, between two organizations, whereas one of the organizations is able to perform certain functions and services for the other organization, as required by federal and state regulations, so as to facilitate compliance with said regulations. ExtraDent uses technical safeguards to ensure the privacy and integrity of all information transmitted to or from its system. Such safeguards include password protection, data encryption, connection monitoring, and input/output verification. All ExtraDent staff receive training in the proper ways to use personally identifiable healthcare information and execute a confidentiality agreement to that end.

Both parties agree to take all necessary actions to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Further details regarding ExtraDent's practices with regard to the use and disclosure of health information can be found on its website at [website.extradent.com](http://website.extradent.com). Customer agrees to be bound by the terms and conditions outlined on such site and such terms and conditions shall be incorporated herein and made a part of this Agreement.

ExtraDent agrees to perform said functions and services as stated herein for the Customer so as to enable the Customer to comply with regulations promulgated under HIPAA, specifically pertaining to data collection and transfer between the Customer and ExtraDent as well as ExtraDent and third-party entities, on behalf of the Customer, using specifically mandated data content and format. Should either state or federal regulatory bodies change existing guidelines during the term of this agreement so as to negate the relationship between the Customer and ExtraDent, or cause said understanding of the relationship by both parties to become invalid, both parties shall work in good faith to re-address and re-define their relationship so as to become compliant in an expedient and timely manner. Both parties agree to take all necessary actions to ensure compliance with all applicable laws.

ExtraDent may provide software updates from time to time at a nominal charge to cover duplication and shipping. ExtraDent reserves the right to prevent a Customer from using the ExtraDent software to submit claims if the Customer does not maintain current ClaimX software or if the Customer fails to pay applicable charges for use or violates any other term of this Agreement.

The ClaimX software is owned by and shall remain the property of ExtraDent. This agreement only provides a single use license to use the software. All trademarks, service marks, copyrights, and trade secrets are the property of ExtraDent and/or its Licensors and all rights are reserved. Customer shall not copy, modify, display, distribute, or use the ClaimX software other than as provided under the license granted in this agreement, and shall not merge the ClaimX software or any portion thereof with any other software. Customer shall not attempt or permit others to attempt to reverse engineer, disassemble, or decompile the ClaimX software. Customer shall not grant any sublicenses or otherwise transfer any rights in or to the ClaimX software or permit any third party to use the ClaimX software. Customer shall uninstall and remove the ClaimX software from any machine of Customer prior to the sale or other transfer or disposition of that machine and/or upon termination of this agreement.

To the maximum extent permitted by applicable law, ExtraDent provides ClaimX software to the Customer "as is" and hereby disclaims all warranties, whether express, implied or statutory, as to the functionality, security (unless within reasonable control of ExtraDent), fitness for a particular purpose, and integrity of ClaimX software, also including, without limitation, the implied warranties of noninfringement and merchantability all of which warranties are hereby excluded and disclaimed. While ExtraDent uses reasonable care to protect the integrity of any transmitted or stored data, events outside of the direct control of ExtraDent (e.g., viruses, power fluctuations, or external software interactions) cannot be warranted, nor will ExtraDent be liable for any damage or corruption of said data or software. ExtraDent specifically makes no warranty that the ClaimX software will operate as intended on any particular machine or machines of Customer, or that the ClaimX software will be compatible with any third-party software installed and used by Customer.

Initials: \_\_\_\_\_



**ExtraDent - ClaimX Electronic Services Enrollment**

**ADDITIONAL TERMS AND PROVISIONS:**

Customer shall hold harmless, indemnify, and reimburse ExtraDent and its affiliates, subsidiaries, employees, owners, directors and agents for any and all claims, demands, causes of action, losses, damages, judgments, liabilities or costs, including attorney's fees, which arise out of or are incurred as a result of Customer's breach of any of the terms of this Agreement or any information provided by Customer to ExtraDent in connection with any of the benefit verification services performed on behalf of the Customer.

ExtraDent's maximum liability for any claim asserted hereunder shall not exceed one month's service charges, based on the average service charges for the three immediately preceding months. Any such claim must be asserted by Customer to ExtraDent within twelve (12) months after the occurrence of the event on which such claim is based. ExtraDent shall not under any circumstances be liable to Customer in contract, tort or otherwise, for any indirect, incidental, consequential or special damages resulting from or arising out of this Agreement, the installation or use of the ClaimX software, or any services provided or to be provided by ExtraDent hereunder.

This agreement contains the parties' entire agreement, and no verbal agreements shall be enforceable.

This agreement shall be governed by and construed in accordance with the laws of the State of Indiana. This agreement shall not be assigned by the Customer without the prior written consent of Extradent.

In the event any notices are required under this agreement, they shall be delivered by certified U.S. Mail, return receipt requested, to:

For Extradent:  
Computer Aided Technologies, Inc.  
8063 Madison Avenue, #344  
Indianapolis, IN 46237

For Customer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The terms of this agreement are severable. If a clause hereof is declared illegal or unenforceable by a court or body of competent jurisdiction, the remainder of the agreement shall not thereby fail or be rendered void, but shall continue in full force and effect, with only the illegal or unenforceable provision rendered null and void and severed from this agreement. It is also the intention of the parties that in lieu of each provision that is invalid or unenforceable, there be added as a part of this agreement, a provision as similar in terms as possible to the invalid or unenforceable provision but that is valid and enforceable.

This agreement may be entered into in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Facsimile and/or electronic copies and signatures on this Agreement shall be valid as originally signed Agreement.

If Customer breaches any covenant contained in this agreement, Extradent shall be entitled to all damages arising from such breach, including, but not limited to: fees for the services already provided; attorney's fees; court costs; litigation expenses; lost profits; incidental and consequential damages; and any and all other damages arising from the breach.

If Extradent breaches the terms of this Agreement, Customer has a right to terminate the Agreement upon giving Extradent fifteen (15) days' written notice. Customer remains responsible for any amounts due under the Agreement.

In the event of any controversy or claim arising out of or relating to this agreement, or a breach thereof, the parties hereto shall first attempt to settle the dispute by mediation, administered by the American Arbitration Association under its Mediation Rules. If settlement is not reached within sixty days after service of a written demand for mediation, any unresolved controversy or claim shall be settled by arbitration administered by the American Arbitration Association/American Health Lawyers Association Alternative Dispute Resolution Service. The number of arbitrators shall be one. The place of arbitration shall be Indianapolis, Indiana. Indiana law shall apply. Judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Initials: \_\_\_\_\_



## EXTRADENT DEFINITIONS of PRODUCT and SERVICES

### 1. Electronic Claim Submission Service:

Sending electronic claims is quick and easy. Once submitted, client automatically receives electronic notification if a claim rejects at the clearinghouse or the insurance company. (These electronic status responses are automatically returned as part of the Electronic Claims Submission Service without additional cost to client. See the "Claim Status Requests" section below for the added service of requesting "at any time" the status of individual claims electronically.)

### Claim Status Requests (Included with Claim Submission Service):

Client automatically receive electronic notification from certain insurance companies when a claim is processed and what the payment will be – sometimes called "Estimation" of Benefits. (These "EOBs" are automatically returned to client as part of the Electronic Claims Submission Service without additional cost. These are not notices of the actual payments, but of what the insurance company says they will pay. See the "Electronic Remittance Advice (ERA) Delivery" section below for the added service of receiving notices of the actual ACH and check payments issued by the insurance companies.)

Request the status of multiple outstanding claims with just the click of a button. Client can "at any time" request the status of claims that were submitted through ClaimX and know exactly where they are in the distribution cycle without even calling the Insurance Company. This feature frees up valuable time to allow office staff to concentrate on other important tasks.

### 2. Electronic Convenience Fee:

Electronic Communication Utility for all agreed upon services.

### 3. Electronic Remittance Advice (ERA) Delivery:

ERAs are electronic notifications of the actual payments made to client from participating insurance companies. This electronic version is similar to the paper Explanation of Benefits (EOBs). This feature provides client with early notice of paid claims, including how (ACH/Electronic Deposits, Check, etc.) and when client will receive the payments.

### 4. Electronic Eligibility Service:

Where an insurer provides electronic eligibility responses client receives detailed information such as eligibility, plan benefits, maximums, deductibles, utilization, and percentages paid by category.

### 5. Manual Eligibility and Benefit Verification Service:

Where a payer does not provide electronic eligibility and benefits information or when client needs a faxback for records with one click ExtraDent will obtain eligibility and benefits information for client. Typically client will receive information such as eligibility, plan benefits, maximums, deductibles, utilization, and percentages paid by category.

### 6. Benefit Coverage Assistant Service:

With a single click client will receive a streamlined breakdown of the eligibility and benefits in a concise and easy to digest PDF. This PDF will contain detailed information such as eligibility, plan benefits, maximums, deductibles, utilization, and percentages paid by category in an easy to read informative private labeled format which allows for rapid assimilation of pertinent eligibility and benefits data. This service greatly reduces staff time dedicated to eligibility and benefit verifications thus allowing for significant investment of time toward revenue generation activities.