

**Request to Rescind Termination or Reinstate Participation with Washington Dental Service**

Doctor's printed name \_\_\_\_\_ License# \_\_\_\_\_  
Service office address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please choose one of the options below:

My participation termination date is not in effect yet. I would like to rescind my participation termination with Washington Dental Service and remain a participating dentist.

My termination date is in effect. I would like to apply for a waiver of the 12 month reapplication waiting period, and have my participation with Washington Dental Service be reinstated. I understand I must sign and return a new member agreement for each network I intend to participate in, and that I must sign and return the associated fee schedules. If I am due for re-credentialing, I understand that my reinstatement will not be effective until the re-credentialing is completed.

**AND**

Please check the appropriate box(es) for each of the networks you would like to remain on or be reinstated to:

<input type="checkbox"/> Premier only	<input type="checkbox"/> DeltaCare (includes Premier)
<input type="checkbox"/> PPO (includes Premier)	<input type="checkbox"/> Simple Access (includes Premier)

Doctor's Signature: \_\_\_\_\_ Today's date \_\_\_\_\_

\*If your termination date is not in effect yet, upon receipt of this Request, you will not have a break in your participation status with Washington Dental Service.

\*If your termination date is already in effect, there may be a break in your participation status until Washington Dental Service processes your Request for Reinstatement. During any time in which your participation status for a plan is not in effect, claims will process using non-participating maximum allowable fees. Washington Dental Service will not back-date participation status, and will not reprocess claims for periods in which you were non-participating on a plan.

If you have questions regarding rescinds or reinstatements, please contact Provider Services at 800-238-3439 ext. 7394.  
**Please fax the signed and completed agreement(s) and fee schedules to Provider Services at 800-460-3159.**