

Website Authorization Forms

The next few pages include the forms needed for website authorization. The first page is for Small Groups and pages two and three are for Large Groups. You only need to complete the form that is applicable to the group for which you are requesting authorization.

If you have questions, contact our Marketing Administration department at mktgadmin@deltadentalva.com.

Website Authorization Form For Pool-Rated Groups

This form allows a plan sponsor to: (1) Open website accounts for authorized individuals and business associates for purposes of submitting enrollment information and obtaining access to bills. The plan sponsor requesting access should submit the signed and completed form to Delta Dental of Virginia (DDVA) via mail or fax to the fax number at the bottom of the page. The completed form can also be scanned and emailed to mktgadmin@deltadentalva.com.

Plan Sponsor Requesting Authorization

Group Name	Group/Sublocation Number
Address	
Phone ()	Email

Complete one form for each individual requesting access, including name, email and phone number. If the individual is a broker/agent, please provide the user name created for logging into the DDVA Broker website. Please supply a security question and answer in the event a password is forgotten.

Form number _____ of _____ total forms for group

First and last name of user	Email address
	Phone ()
Security question	Security answer

If access is being requested for a broker/agent, enter the broker's DDVA broker login user name here

The group, acting through its undersigned representative, certifies that the individual identified above is authorized to access DDVA's website and perform the functions checked below on the group's behalf and hereby authorizes DDVA to open a website account for the individual above (access requires password).

- Submit, modify and view enrollment data and print subscriber ID cards**
- Access monthly bill (bills will no longer be sent via mail)**

Authorization and Conditions for Privileges Granted

In consideration for the privileges set forth in this Website Account Authorization Form, the Group, acting through its Group Administrator, hereby agrees to the following conditions: (1) DDVA may rely on electronically submitted enrollment data to the same extent as if submitted by non-electronic means; (2) Group will undertake reasonable measures to safeguard account information, including username and password, and to prevent unauthorized access to the website by someone acting or purporting to act on the Group's behalf. Further, it is the Group's responsibility to inform and educate any authorized representative of his/her obligations under state or federal privacy and security laws; (3) All requests to close the Website Account must be submitted to DDVA via email at mktgadmin@deltadentalva.com or fax to 540-774-7574. DDVA shall have three business days (excluding holidays) to process such requests; (4) Group shall be solely responsible for any liability arising from the use of the Website Account and shall indemnify, hold harmless and defend DDVA against any claim arising from the Authorized User's use of the Website Account, or the Group's failure to safeguard account information, including, but not limited to, errors and omissions and violations of state and federal privacy laws; and (5) The individual signing this application form has the authority to permit the requested access and bind the Group to the terms and conditions set forth above.

Group administrator signature _____ Date _____

Group administrator name (please print) _____

Website and e-Billing Authorization Form for Experience-Rated and Self-Funded Groups

This form allows a plan sponsor to: (1) Open website accounts for authorized individuals and business associates for purposes of submitting enrollment information and obtaining access to group activity reports, eligibility reports and bills; and (2) Request that Delta Dental of Virginia (DDVA) send bills via email. Access to certain reports may be contingent upon the type of Protected Health Information (PHI) disclosed and whether the group is experience-rated. Please note that group contract arrangements in which DDVA assumes financial risk are referred to as experience-rated groups, whereas groups for which DDVA only provides administrative services are referred to as self-funded groups. The plan sponsor requesting access should submit the signed and completed form to DDVA via mail or fax to the fax number at the bottom of the page. The completed form can also be scanned and emailed to mktgadmin@deltadentalva.com.

Plan Sponsor Requesting Authorization

Group Name

Group/Sublocation Number

Address

Phone ()

Email

Complete one form for each individual requesting access, including name, email and phone number. If the individual is a broker/agent, please provide the user name created for logging into the DDVA Broker website. Please supply a security question and answer in the event a password is forgotten.

Form number _____ of _____ total forms for group

First and last name of user

Email address

Phone ()

Security question

Security answer

If access is being requested for a broker/agent, enter the broker's DDVA broker login user name here

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Website and e-Billing Authorization Form for Experience-Rated and Self-Funded Groups (continued)

The group, acting through its undersigned representative, certifies that the individual identified above is authorized to access DDVA's website and perform the functions checked below on the group's behalf and hereby authorizes DDVA to open a website account for the individual above (access requires password).

- Submit, modify and view enrollment data and print subscriber ID cards**
- Access monthly bill**

Group Activity Reports (select one)

- Summary Group Activity Reports** provide a monthly summary of the claims history and do not contain detailed claims information. Summary Group Activity Reports are only available for experienced-rated groups.
- Group Activity Reports (Detail Level One)** provide a monthly summary of the claims history and contain detailed PHI, including the subscriber name, subscriber ID number, claim number, treatment date and relationship code (i.e. spouse, dependent, etc.). *This report is available for self-funded groups only.*
- Group Activity Reports (Detail Level Two)** provide a monthly summary of the claims history and contain detailed PHI, including claim number, treatment date and relationship code (i.e. spouse, dependent, etc.). However, in contrast to the Detail Level One Report, this report does not have the subscriber name or ID number. *This report is available for self-funded groups only.*

Additional Reports

- Management Reports** include summary level data about the performance of your dental plan, such as number of claims paid, premiums paid, enrollment by month, network utilization and cost containment savings.
- Eligibility Recap Reports** provide a monthly recap of subscribers that are eligible for insurance under the group's dental plan and contain name and subscriber ID number.
- Electronic Eligibility (EE) Error Reports** provide details of errors that were encountered during the processing of your EE file. This report contains information such as the subscriber name, subscriber ID, subscriber address and relationship code (i.e. spouse, dependent, etc.).

Authorization and Conditions for Privileges Granted

In consideration for the privileges set forth in this Website and E-Billing Authorization Form, the group, acting through its group administrator, hereby agrees to the following conditions: (1) DDVA may rely on electronically submitted enrollment data to the same extent as if submitted by non-electronic means; (2) Group will undertake reasonable measures to safeguard account information, including username and password, and to prevent unauthorized access to the website by someone acting or purporting to act on the group's behalf; (3) All requests to close the website account or stop the receipt of bills via email must be submitted to DDVA via email at mktgadmin@deltadentalva.com or fax to 540.774.7574. DDVA shall have three business days (excluding holidays) to process such requests; (4) Group shall be solely responsible for any liability arising from the use of the website account or receipt of bills via email and shall indemnify, hold harmless and defend DDVA against any claim arising from the authorized user's use of the website account, practice of sending bills via email or the group's failure to safeguard account information, including, but not limited to, errors and omissions and violations of state and federal privacy laws; and (5) The individual signing this application form has the authority to permit the requested access and bind the group to the terms and conditions set forth above.

Group administrator signature _____ Date _____

Group administrator name (please print) _____