DELTA DENTAL

HDS
Hawaii Dental Service

CLEAR FORM | PRINT

Professional Relations Department
Hawaii Dental Service
700 Bishop Street, Suite 700
Honolulu HI 96813-4196
808-529-9222; Toll-free 800-232-2533 ext 222
Fax 808-529-9368; Toll-free Fax 866-376-7500

# 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: ☐ Add ☐ Term ☐ Update User Access | 2)_____ Last Name First Name<br>3)_____ Signature | 4) **Check authorized access:** ☐ DenTel & HDS Online Eligibility Verification ☐ Online Claim & Attachment Submission ☐ Online Filed Fee, Claim & Attachment Submission ☐ Remittance Advice Info |
|---|---|---|---|
| AUTHORIZED AGENT #2 | 1) Select option: ☐ Add ☐ Term ☐ Update User Access | 2)_____ Last Name First Name<br>3)_____ Signature | 4) **Check authorized access:** ☐ DenTel & HDS Online Eligibility Verification ☐ Online Claim & Attachment Submission ☐ Online Filed Fee, Claim & Attachment Submission ☐ Remittance Advice Info |
| AUTHORIZED AGENT #3 | 1) Select option: ☐ Add ☐ Term ☐ Update User Access | 2)_____ Last Name First Name<br>3)_____ Signature | 4) **Check authorized access:** ☐ DenTel & HDS Online Eligibility Verification ☐ Online Claim & Attachment Submission ☐ Online Filed Fee, Claim & Attachment Submission ☐ Remittance Advice Info |

**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 |
|---|---|
| | |