



Send Correspondence to:  
Rayant - Dental Programs  
3 Penn Plaza East PP-04Q  
Newark, NJ 07105-2200  
1-888-667-4547  
www.rayant.com

**RAYANT DENTAL SERVICES, INC.**

**Amendment to New York**

**AGREEMENT WITH PARTICIPATING DENTIST**

**PREFERRED PROVIDER ORGANIZATION**

To Section 3, AGREEMENT WITH PARTICIPATING DENTIST is added

(E.) If the patient is covered by the Rayant Dental PPO Plan, you will accept the Rayant Dental PPO Plan Fee Schedule as payment in full for services performed, even if the patient must pay a portion of the fee. The fees under the program will be evaluated periodically.

Accepted and agreed at Newark, New Jersey on:

RAYANT DENTAL SERVICES, INC.:

DENTIST:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

DENTIST INFORMATION:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Office Telephone Number

\_\_\_\_\_  
Office Fax Number

\_\_\_\_\_  
Tax ID # you will use to submit claims