



Florida Combined Life
Dental Division
P.O. Box 45132
Jacksonville, Florida 32232-9902

Participation in FCL's Value-Added Discount Programs

In addition to the BlueDental Choice/Choice Plus PPO, I, the undersigned Dentist, voluntarily and under no legal requirement, elect to participate in the discount program(s) below. By participating, current and potential Members will be informed of the additional discounts that may be provided to them through an online directory, which will be periodically updated.

By providing this voluntary information, I understand that my participation in the program(s) below can be canceled at any time with or without providing notice to Florida Combined Life or its Members. In addition, no penalties will be incurred if I discontinue my participation in the discount program(s) below.

Cosmetic Dental Discount Program

Provides for a 20% discount off Dentists' usual and customary charges for non-covered cosmetic dental procedures.

Orthodontic Discount Program

Provides for a 20% discount off Orthodontists' usual and customary charges for non-covered orthodontic services. Only specialty-trained orthodontists may participate in the Orthodontic Discount Program.

DENTIST

Signature: _____

Name/Title: _____

NPI Number—Type 1 (Individual): _____

Date: _____

Address: _____

Tax ID Number: _____

NPI Number—Type 2 (Organization): _____