DELTA DENTAL

Authorized Contact List for Administrative Services Only Plans

DELTA DENTAL OF OKLAHOMA

Group/Plan Name: _____

Group Number: _____

Please enter the information for each contact who is to receive access through Online Resources, Delta Dental of Oklahoma's (DDOK) secure benefits administration portal for eligibility maintenance, as well as enrollment and claims reporting. Each user will receive their Online Resources credentials via two (2) emails upon completion of implementation, one containing the User ID and the other containing the temporary password.

Contact Type:

- **Primary Contact** – Authorized contact for all aspects of plan administration and recipient of essential plan correspondence, including contact changes, plan documents, renewals, CDT changes and billing/delinquency notices.
- **Secondary Contact** – Authorized contact for plan administration and recipient of plan correspondence in the event the Primary Contact cannot be contracted. Authorized to submit regular updates to contact list.
- **Group/All** – Authorized group contact for all aspects of plan administration and recipient of plan correspondence.
- **Group/Eligibility** – Authorized group contact for eligibility/enrollment administration. Authorized to submit and receive eligibility/enrollment additions, modifications, terminations and/or reports.
- **Group/Billing** – Authorized group contact for billing/payment administration. Authorized to submit and receive billing/payment correspondence and/or reports.

Access Status:

- **All PHI/PII** – Authorized contact for all aspects of plan administration, including but not limited to billing, eligibility, claims and reporting inquiries.
- **Eligibility Only** – Authorized contact for eligibility and enrollment reporting and inquiries.
- **COBRA Eligibility Only** – Authorized contact for COBRA eligibility and enrollment reporting and inquiries.
- **Contact Change Authority –** Authorized contact for group contact additions, changes and/or removals.
- **Ebill –** Authorized contact for electronic billing (Ebill) correspondence.
- **ASO Reporting** – Authorized contact to receive all ASO reporting, including but not limited to eligibility/enrollment and claims.

Online Resources Access:

- **Read Eligibility** – Contact should have read-only access to online eligibility.
- **Modify Eligibility** – Contact should have ability to make changes through online eligibility.
- **Claims** – Contact should have ability to view/download online claims reports.

Additional Contact Title Organization (if different than Group/Plan)

Email Telephone

Contact Type (select applicable): ☐ Group/All ☐ Group/Eligibility ☐ Group/Billing ☐ Consultant ☐ TPA ☐ TPA – COBRA

Access Status (select applicable): ☐ All PHI/PII ☐ Eligibility Only ☐ COBRA Eligibility Only ☐ Contact Change Authority ☐ Ebill ☐ ASO Reporting

Online Resources Access (select applicable): ☐ Read-only Eligibility ☐ Modify Eligibility ☐ Claims ☐ Not Applicable

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As an authorized representative for the above referenced Group/Plan, I approve the individuals/entities listed above to access the indicated Protected Health Information and/or Personally Identifiable Information at Delta Dental of Oklahoma. As an authorized representative, I will notify Delta Dental of Oklahoma immediately in the event of termination of access of any of the individuals/entities listed above. I acknowledge requests for updates to this form must be made in writing to ClientRelations@DeltaDentalOK.org.

Primary/Secondary/Executive Employer Contact Name (please print) Title Date

Primary/Secondary/Executive Employer Authorized Signature Date