

Third Party Administration Form

DELTA DENTAL OF OKLAHOMA

Group Name: _____

Group Number: _____

Third party administrators (TPA) listed on this form are authorized to conduct the specified business service(s) below on behalf of the Group. The Group authorizes DDOK to communicate and transact with the TPA, as needed, to fulfill applicable transactions and/or reporting. Designate 'N/A' for any unused TPA categories. **All TPAs must also be listed on the 'Authorized Contact List for Administrative Services Only Plans' as a TPA, with access type designated.**

EDI/Eligibility TPA: ^o _____COBRA Administrator: ^o _____

Flexible Spending Arrangement (FSA) Administrator: _____

Other: ^o _____

Business Services Provided: _____

TPA Name: _____

I authorize Delta Dental of Oklahoma (DDOK) to disclose Protected Health Information (PHI) and Personally Identifiable Information (PII) as defined in the Health Information Portability and Accountability Act of 1996 to the TPA listed above. I will maintain a signed Business Associate Agreement (BAA), where applicable^o with the above identified TPA(s), that acknowledges PHI/PII will be shared between the TPA and DDOK. At any time, DDOK reserves the right to request a copy of the signed agreement between the TPA and the Group listed on this form.

Authorized Group Contact (please print)	Title	Date
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Signature	Title	Date
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