DELTA DENTAL
Washington Dental Service
Washington Dental Service is a member of the Delta Dental Plans Association

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Online Reporting Master Application

Washington Dental Service offers clients *(with 100 or more employees)* the ability to access reports through our Online Reporting tool, which is a part of the Washington Dental Service secured Web site. Access can also be issued to your broker or agent, if applicable. Please complete the information below to gain access to this tool.

Group Name _____

Group Number(s) _____

Subgroup Number(s) _____

Phone Number _____

Brokerage Firm _____

The following reports are currently available through our Online Reporting tool:

Report #	Report Name	Report Description
1	Group Utilization	Provides utilization and experience data for the specified month and year to date. *(Includes two reports: Group Summary Financials & Group Utilization)*
2	PPO Utilization (available to PPO groups)	Provides utilization and experience data for the specified month and year to date broken out by provider payment type. *(Includes two reports: PPO Summary Financials & PPO Utilization)*
3	Subgroup Utilization (available to groups with more than one subgroup)	Provides utilization and experience data for the specified month and year to date broken out by subgroup. *(Includes two reports: Subgroup Summary Financials & Subgroup Utilization)*
4	Incurred Claims by Paid Date "Triangle report"	Provides total claim paid amounts by the month the treatment was incurred and the month the claim was paid.
5	Group Billed Premium	Provides premium dollars and subscriber counts, based on the month the subscribers were eligible and the month the premium was posted.
6	Subgroup Billed Premium (available to groups setup for subgroup billing)	Provides premium dollars and subscriber counts, based on the month the subscribers were eligible and the month the premium was posted, broken out by subgroup.
7	Claims Paid Report (available to ASC groups only)	Shows claim line detail for all claims paid and processed during the specified month.

Please identify the lead benefit administrator, as well as, any other representatives within your company who should have access to Online Reporting. Also identify your broker representative, if you would like him or her to obtain access to Online Reporting.

You will be responsible for notifying Washington Dental Service immediately should any of the individuals named below no longer have access to Online Reporting for your group.

User Type	Name and Title	Report Numbers (refer to table above)	Email
Lead Benefit Administrator			
Additional Benefit Administrator			
Additional Benefit Administrator			
Additional Benefit Administrator			
Broker* - user name & company name			

*Brokers must have a current Business Associate Agreement on file with Washington Dental Service.

All online services are provided via a secured Web site. Washington Dental Service allows authorized users access to this site for the purpose of reviewing available reports. Accounts will be established, and initial passwords assigned, by Washington Dental Service for each user. Each user should change this initial password during his or her first session. Users may also change passwords at any time.

In consideration of Washington Dental Service's grant of access to the Web site, the group, acting through the undersigned representative, warrants that:

1. The users identified in this application are authorized to view reports.
2. The group will take reasonable and prudent measures to prevent unauthorized access to the Web site by someone acting or purporting to act on the group's behalf. This includes all required steps needed to comply with the HIPAA privacy and security regulations. (See http://www.hhs.gov/ocr/hipaa/)
3. A group may have multiple authorized users, but each user MUST have his or her own account (identifying login and password). The group agrees not to allow "shared" accounts.
4. The above-named users will be allowed to access only the above-specified group and subgroup reports.
5. Washington Dental Service may avail itself of any remedy under the law or the group contract, including cancellation of the group contract, if any user who is authorized to act on the group's behalf accesses the Web site for any purpose other than specified herein.
6. Either the group or Washington Dental Service may revoke any user's access to the Web site at any time with or without cause. The revoking entity will promptly notify the other of the revocation by e-mail, fax, or mail.
7. Online reports are to be treated as proprietary information and to be used only by the registered applicant or group. Any dissemination of online reports is strictly prohibited. These reports are to be used by the registered group and/or broker only for purposes in the administration of the group's health plan.
8. The group will notify WDS immediately of any staff turnover, so that user permissions can be terminated.

Authorized Signature _____ Date _____

Printed Name _____

Title _____

Broker ID *(WDS Use Only)* _____

Please fax your completed application to Washington Dental Service at (206) 985-4783.