



June 3, 2026

Provider Participation Agreement Amendment

In accordance with the terms of the Delta Dental Premier® Uniform Requirements and/or the Delta Dental Premier Participation Agreement, Delta Dental TriState Advantage Participation Agreement, Delta Dental PPO™ Uniform Requirements and/or Delta Dental PPO Participation Agreement, Delta Dental EPO™ Uniform Requirements and/or Delta Dental EPO Participation Agreement, Ohio Delta Dental Provider Agreement, and Delta Dental Ohio TriState Advantage Provider Agreement (collectively “Agreements”), Delta Dental Plan of Ohio, Inc. hereby amends the Agreements to incorporate the following terms effective September 1, 2026:

1. Dentist agrees to accept payment exclusively through Electronic Funds Transfer (“EFT”) in accordance with the Delta Dental Fee Policy as payment in full for Covered Services rendered to Enrollees. Dentist shall create/set up Dental Office Toolkit (“DOT”) and EFT accounts for each tax identification number (“TIN”) to which Dentist intends to direct his/her claim payments. Dentist also agrees to accept all explanation of benefits (“EOBs”) electronically through DOT.
2. The failure of either Party at any time to require performance by the other Party of any provision of the Agreements shall not affect in any way the Party’s right to require full performance at any time thereafter. The waiver by either Party of a breach of any provision in the Agreements does not constitute a waiver of any subsequent breach of that provision, or of any provision of the Agreements.

Unless otherwise modified by this Amendment, all other provisions set forth in the Agreements shall remain in full force and effect.