



Signature Waiver

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I hereby apply for a waiver of the requirement contained in Policy 3 of the Blue Cross and Blue Shield Administrative Policies for Participating Individual Providers that all participating providers personally sign ADA-approved dental claim forms; and I request Blue Cross and Blue Shield to accept claim forms submitted on my behalf bearing my own personal signature, a facsimile signature, or the words "signature waived" printed on the "treating dentist signature" line on the claim form.

In consideration of the grant of a waiver, I acknowledge and undertake, in accordance with Policy 3, full personal responsibility for all claims submitted to Blue Cross and Blue Shield on my behalf pursuant to this authorization as if I had personally signed each claim form myself.

It is understood that claims will be submitted to Blue Cross and Blue Shield only for services rendered by me to patients with whom I have an expressed or implied contract to render services for a fee.

Name: _____
(Please print)

Signature: _____

Date: _____