

SuperDental MA Network Opt-out Form

To opt-out of participation in the **SuperDental MA network**, please complete the form below, listing each location for which you would like to decline participation. If additional space is needed, please print another copy of this form. Return your completed form(s) to SDC within fifteen (15) days of receipt of this notice by fax at **866-788-7301** or by mail using the enclosed postage-paid envelope.

☐ I decline participation in the SuperDental MA dental network at the practice location(s) listed below.

Dentist Name			
NPI#			
Location 1	Practice Name	Tax ID	
	Address		
	City	State	Zip
Location 2	Practice Name	Tax ID	
	Address		
	City	State	Zip
Location 3	Practice Name	Tax ID	
	Address		
	City	State	Zip

Signature

Date