



APPLICATION FOR REFERRAL SERVICE

Business and Professions Code Sections 650, 650.2, 651, 1680

NO FEE

FOR OFFICE USE ONLY

RS

Issue Date

Please type or print legibly

Name of Referral Service:		Telephone No.	Fax No.
Address of Referral Service: (Street)		(City)	(State) (Zip Code)
Referral Service is owned and operated by: <input type="checkbox"/> Individual dentist <input type="checkbox"/> Group of dentists <input type="checkbox"/> Dental Society Other (describe): _____			
<input type="checkbox"/> Individual <input type="checkbox"/> Unlicensed partnership <input type="checkbox"/> General Corporation			
Is Referral Service a Knox-Keene Provider or Associated with a Knox-Keene Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list Knox-Keene Provider _____			
Is Referral Service a Provider Organization (PPO)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Owner(s) of Referral Service:		Licensed Dentist(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) (b) <i>(List others on separate paper)</i>			
Will more than one member-dentist participate in Referral Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will patient referrals result solely from patient-initiated responses to service advertising? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will Referral Service advertise in compliance with Sections 650, 650.2, and 651 of the Business and Professions Code? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the Referral Service employ a solicitor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will participating dentists charge more than their usual and customary fees to any patient referred? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will all advertisements contain the clause, "Paid for by Participating Dentists"? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FEES

Describe fee argument between member dentists and referral service:
(i.e. Initial enrollment fees, monthly fees, annual fees, etc.)

CONTRACT

Section 650.2 of the Business and Professions Code requires that the referral service file with this application a copy of the standard form contract that regulates its relationship with member dentists.

Have you attached a copy of the contract to this application? Yes No

CERTIFICATION

I certify under the penalty of perjury under the laws of the State of California that the statements made in this application are correct, that the referral service will comply with Sections 650.2, 651, and 1680 of the Business and Professions Code and any applicable advertising laws, rules and regulations, and that this certification was executed at:

_____ On _____
(City, State) (Date)

(Signature of Owner)

(Print or Type Name of Owner)

INFORMATION COLLECTION AND ACCESS

Agency requesting information: *Department of Consumer Affairs
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
(916) 263-2300*

The information in this application is mandatory and is maintained by the Executive Officer in accordance with the Business and Professions code, Division 2, Chapter 4, Sections 650.2, and 1680. The information requested will be used to determine eligibility for registration as a referral service. Failure to provide all or any part of the requested information may result in the application being rejected as incomplete.

Any known or foreseeable interagency in inter-governmental transfers, which may be made of the information, when necessary, and other federal, state, and local law enforcement agencies.

Each individual has the right to review personal information maintained on them by the agency, unless the records are exempt from disclosure.