



**JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA**

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**INSTRUCTIONS FOR
APPLICATION FOR REGISTRATION OF A
DENTAL REFERRAL PLAN
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (225) 219-4318
Fax: (225) 219-9322
E-mail: mboutwell@ldi.state.la.us

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) Submit one original and one photocopy of the complete registration package.
- 2) All submittals in association with this application must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 3) Submit only a fully completed registration form. Submittal of a partially completed registration form will cause processing delays and may result in disapproval.
- 4) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 5) All original items submitted become the property of the Louisiana Department of Insurance and **will not be returned**.
- 6) All certified documents required in the registration form must be dated within ninety (90) days of submittal of the registration form and all certifications must be original.

- 7) All entries in the registration forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 8) When designating a contact person for the registration process, please remember that our staff will communicate only with that individual. The registration process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.
- 9) We must be notified of any changes in the plan or the information submitted in association with this registration form which occur while the registration is under review. This includes changes in officers and directors, and changes in address or domicile. Failure to notify us of such changes may result in disapproval of the registration.
- 10) Unless otherwise indicated in the forms, all registrants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- 11) All of the pages from the enclosed registration form must be returned with the submittal. The forms may be reproduced as needed.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: Where can I find the laws and regulations governing dental referral plans in Louisiana?

A: Title 22 Chapter 2, Part XII-A of the Louisiana Revised Statutes deals specifically with dental referral plans. For your convenience, a copy of these statutes are included in the registration packet. Copies of the Louisiana Insurance Code (Title 22) can be obtained from private printing companies which specialize in statutory printing. In addition to the statutes, the Commissioner of Insurance has issued many regulations, rules and directives. Copies of these items may also be obtained from publishers specializing in printing legal and regulatory documents. One such company is given below.

National Insurance Law Service
P.O. Box 2507
Chatsworth, CA 91313
1-800-423-5910

Q: What is the time frame for the review of a registration form?

A: This Department makes every effort to review all applications and registrations as soon after submittal as possible. The review process can be expected to take roughly ninety (90) days from receipt of a complete application. Please take this time-frame into account when considering deadlines and operation schedules for the applicant.

Q: Can the forms in the registration packet be recreated on a word processor for completion by the applicant?

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the registration.

Q: Can we meet with the Department for a preliminary review of our registration packet prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the registrant to review the registration forms before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the registration packet prior to submission. Any registration form sent to this Office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only by appointment.

Q: Are the forms available in any format other than hard copy?

A: Yes. The forms may be sent via e-mail or, after November 1, 1998, downloaded from the Department's website at <http://wwwldi.lds.state.la.us> The forms are in Microsoft Word format. PLEASE NOTE THAT ANY CHANGES TO THE FORM OR CONTENT OF THE APPLICATION WILL LEAD TO THE IMMEDIATE DISAPPROVAL OF THE APPLICATION.



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**APPLICATION FOR REGISTRATION OF A
DENTAL REFERRAL PLAN
IN THE STATE OF LOUISIANA**

General Information (Type or Print)	
OPERATING ENTITY NAME: _____	
TRADE NAME: _____	
FEIN NO.: _____	
DATE OF ORGANIZATION: _____ DATE COMMENCED BUSINESS: _____	
DOMICILE: _____	
HOME OFFICE ADDRESS: _____	

CONTACT NAME†: _____ CONTACT TITLE: _____	
PHONE: _____ FACSIMILE: _____	
CONTACT ADDRESS: _____	

_____ E-MAIL: _____	

† This Office will only communicate with the named contact person.	
Fees	
Registration Fee	\$ 250.00

ALL CHECKS MUST BE MADE PAYABLE TO THE LOUISIANA DEPARTMENT OF INSURANCE.
 The review process will not begin until ALL fees are paid. The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Application Type
<input type="checkbox"/> First Time Application <input type="checkbox"/> Renewal Application

SECTION 2 - INTERROGATORIES

Except as otherwise indicated below, all of the following questions must be answered for every registrant. ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

1) Has the registrant ever been placed under any type of regulatory supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the registrant ever had a license revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the registrant ever been subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the registrant ever changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Is the registrant currently engaged in any controversy with any state or federal regulatory agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Has any person who is presently an officer, director or owner of 10% or more of the registrant company ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or information in any jurisdiction charging a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 3 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the name, social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the registrant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and any person(s) owning, directly or indirectly, five percent or more of the registrant or the entity which operates the registrant and any other person who exercises control or influence over the affairs of the registrant. You may reproduce this form as needed. . PLEASE NOTE THAT IF THE OWNERSHIP PERCENTAGE INDICATED HEREIN DOES NOT ADD UP TO 100% YOU MUST ATTACH A SEPARATE STATEMENT AFFIRMING THAT NO OTHER INDIVIDUAL OWNS, DIRECTLY OR INDIRECTLY 10% OR MORE OF THE APPLICANT. In addition, if the ownership of the applicant is held by a non-natural person (corporation, partnership, LLC, etc) then you must attach a chart which CLEARLY indicates all ownership, direct and indirect of the applicant up to the ultimate controlling person.

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

SECTION 4 - EXHIBITS

- 1) EXHIBIT A - COPY OF THE ARTICLES OF INCORPORATION, ARTICLES OF ASSOCIATION, PARTNERSHIP AGREEMENT OR OTHER SUCH ORGANIZATIONAL DOCUMENTS of the entity operating the plan certified by the proper domiciliary official. Certification must be original and dated within ninety (90) days of submission.**

- 2) EXHIBIT B - COPY OF THE BY-LAWS, RULES, REGULATIONS OR SIMILAR DOCUMENT of the entity operating the plan certified as true and correct by the secretary of the entity. The certification must be original and dated within ninety (90) days of submission.**

- 3) EXHIBIT C - CERTIFICATE OF GOOD STANDING issued by the Secretary of State of Louisiana for the entity operating the plan. The certificate must be an original and dated within ninety (90) days of submission of the registration form.**

- 4) EXHIBIT D - TRADE NAME CERTIFICATE issued by the Secretary of State of Louisiana. This item must be supplied by any applicant which will be utilizing a trade name in Louisiana.**

- 5) EXHIBIT E - COPY OF ENROLLEE CONTRACT FORM which includes a general description of the enrollee's rights under the dental referral plan.**

- 6) EXHIBIT F – COPIES OF ALL MATERIALS GIVEN TO MEMBERS as evidence of membership or to explain the benefits offered by the plan**

- 7) EXHIBIT F - A COPY OF THE PROVIDER CONTRACT FORM which includes a general description of dental care provider's rights under the dental referral plan.**

- 8) EXHIBIT G - A GENERAL DESCRIPTION OF THE OPERATION OF THE PLAN which includes a statement that the plan does not provide indemnity insurance coverage for dental services.**

SECTION 5 - GENERAL INFORMATION

1) Provide the name address, phone number and e-mail address of the corporate officer designated as the person to receive, review and resolve all grievances addressed to the plan.

Phone # _____ **E-mail Address:** _____
—

2) Give the name and address of the agent for service of process of the plan.

3) If available, give the toll free number to which consumer inquiries may be directed.

4) If available, give the URL or world wide web address of the applicant.

NOTARIZATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
and who, after being duly sworn, did depose and say that all information contained in this application and all attachments thereto
is, to the best of his/her knowledge, true, complete and correct.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Secretary's Signature

Witness' Printed Name

Company Secretary's Printed Name

SWORN TO and subscribed before me this day of _____, 19__.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

ANY FALSE OR MATERIAL MISSTATEMENTS MADE IN ASSOCIATION WITH THIS APPLICATION MAY BE A VIOLATION OF 42 USC 1033 (a) (1).

**Title 22 Chapter 2 Part XII-A
Dental Referral Plans**

2028. Purpose

The purpose of this Part shall be to protect the public from inappropriate, unfair, and deceptive practices and to promote the public's access to high quality, cost-effective dental care through the registration of dental referral plans.

2029. Definitions

As used in this Part, the following terms shall have the following meaning ascribed to them in this Section unless the context clearly indicates otherwise:

(1) A "dental referral plan" shall be defined as a contractual plan that provides a list of dental care providers who have agreed to render treatment to enrollees at specific discounted fees. The plans may collect fees from enrollees, the dental care providers, or both. The plans shall not be deemed insurance, except as otherwise indicated by law.

(2) An "enrollee" shall be defined as an individual, including eligible dependents, entitled to receive a list of participating dental care providers to be treated at discounted fees.

(3) A "dental care provider" shall be defined as an individual who is a dentist who has contracted with the dental referral plan to deliver certain dental care services to an enrollee at a reduced fee.

2030. Registration

No dental referral plan shall conduct business or otherwise operate in this state unless it is registered with the commissioner of insurance as hereinafter provided.

2031. Procedure for Registration

A. An applicant for registration shall:

- (1) Submit an application to the commissioner.
- (2) Pay the application fee established by this Part.

B. The application shall be on a form and accompanied by any supporting documentation required by the commissioner and shall be signed and verified by the applicant. The information required by the application shall include but need not be limited to the following:

(1) The name of the entity operating the dental referral plan and any trade or business names used by that entity in connection with the operation of the dental referral plan.

(2) The names and address of every officer and director of the entity operating the dental referral plan as well as the name and address of the corporate officer designated by the plan as the corporate representative to receive, review, and resolve all grievances addressed to the plan.

(3) The name and address of every person owning, directly or indirectly, five percent or more of the entity operation the dental referral plan.

(4) The principal place of business of the dental referral plan.

(5) A general description of the operation of the dental referral plan which includes a statement that the plan does not provide indemnity insurance coverage for dental services.

(6) A sample copy of a contract with an enrollee which includes a general description of the enrollee's rights under the dental referral plan.

(7) A sample copy of a contract, absent fee schedule, with a provider which includes a general description of dental care provider's rights under the dental referral plan.

2032. Expiration and renewal of registration

A. Registration pursuant to this part shall expire on August 15, 1997, unless the registration is renewed for a two-year term as provided in this Section.

B. Before the registration expires, it may be renewed for an additional two-year term if the applicant:

(1) Pays a renewal fee as provided in this Part.

(2) Submits to the commissioner a renewal application on the form that the commissioner requires.

C. The renewal application required by the commission shall require but not be limited to the information required for an initial application.

2033. Rules and fees

Fees for initial and renewal application shall be two hundred fifty dollars.

2034. Study committee; membership

The Dental Referral Study Commission shall be composed of the following members appointed by the governor and subject to Senate confirmation as follows;

(1) Speaker of the House of Representative or his designee.

(2) President of the Senate.

(3) Two members appointed by the governor from a list of four names submitted by the Louisiana Dental Association.

(4) Two members appointed by the governor from a list of four names submitted by the Louisiana Association of Dental Referral Plans.

(5) One dentist licensed by the state of Louisiana, who is a member of the Dental Referral Plan from a list of two name submitted by the Louisiana Dental Association and the Louisiana Association of Dental Referral Plans.