



# INDUSTRIAL COMMISSION OF ARIZONA

## Arizona Physicians' and Pharmaceutical Fee Schedule Dental Rate Table Request Form

Please complete this form in its entirety and submit it via email to [mro@azica.gov](mailto:mro@azica.gov) or fax to 602.542.4797.

### REQUESTOR'S INFORMATION

Date emailed or faxed to MRO (MM/DD/YYYY):

First Name:

Last Name:

Direct Phone Number:

### ORGANIZATION'S INFORMATION

Name & Address:

Phone Number:

Specialty:

Preferred **email** that the Dental Rate Table will be sent to:

### TERMS & CONDITIONS

The end user is hereby granted a non-exclusive, non-transferable right to use the CDT solely as part of the Dental Fee Schedule, inclusive of the Industrial Commission of Arizona's Physicians' and Pharmaceutical Fee Schedule applicable to the selected year in this agreement. "End user" means an individual or organization licensed to use the Dental Fee Schedule solely for personal or internal business purposes. The end user is hereby granted a non-exclusive, non-transferable right to use the CDT as part of the Dental Fee Schedule solely for personal or internal business purposes, and not for redistribution. This license grants End-User the right:

- (a) To install and use the CDT on the End-User's computer system;
- (b) To reproduce and distribute partial listings of the CDT codes, nomenclature, and descriptors in various printed and electronic documents for purposes of claims processing.
- (c) To print limited portions of the CDT solely for the exclusive use of End User; and
- (d) To print a complete listing of the CDT codes, nomenclature, and descriptors solely for the exclusive use of the End User.

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I agree to the Terms & Conditions.