Health Economics Group, Inc.

Dental Network Card Enrollment Form			**Please Print**
Last Name:	First Name:	MI:	Gender: ☐ F ☐ M
Date of Birth (MM/DD/YY):	Medicare Enrolled? ☐ Y ☐ N	Phone Number:	
Address:		County Name:	
City:	State:	Zip Code:	
Email Address:			

Dependents (Only required for Family Coverage)

Name	Medicare	Relationship	Gender	Date of Birth (MM/DD/YY)
	☐ Y ☐ N	Spouse	☐ F ☐ M	
			☐ F ☐ M	
			☐ F ☐ M	
			☐ F ☐ M	

Payment: ☐ $36.50 (Individual Coverage for One Year) **OR** ☐ $52.00 (Family Coverage for One Year)

☐ Pay by Check

- Make check Payable to "Health Economics Group, Inc."
- Mail Payment and Enrollment form to: Health Economics Group Inc.
  1050 University Avenue, Suite A, Rochester, NY 14607
  Attn: Dental Network Card Program

☐ Pay by Credit Card

- Mail Enrollment form to: Health Economics Group Inc.
  1387 Fairport Road Building 1000 - Suite A-1 Fairport, New York 14450
  OR Attn: Dental Network Card Program
- Fax form to 585-241-9518

Credit Card Type: ☐ Visa ☐ Master Card ☐ Discover

Credit Card Number:	Expiration Date:

Name as it Appears on Credit Card:	Securtity Code:

I authorize Health Economics Group, Inc. to use the credit card information provided above as payment for the Dental Network Card.

Signature: Date:

You will receive your Dental Network Card(s) in the mail once your enrollment is processed. Please allow 10-14 business days for processing. Your card(s) will be effective on the date your enrollment is processed. Your card(s) will expire on the last day of the month following 12 full months of eligibility. **Re-enrollment is not automatic.** You must contact us to re-enroll.

For the names and addresses of DenteMax network dentists in a particular geographic area and/or to see the schedule of fees accepted by most general dentists in the network, go to www.heginc.com/dental or call Health Economics Group, Inc. at 585-241-9500 x505 or 800-666-6690 x505. We will be pleased to help you.

This is <u>not</u> insurance. This is <u>not</u> a Medicare program. Health Economics Group, Inc. does not guarantee that a particular dentist will accept DenteMax fees as payment in full. Confirm DenteMax network participation and fees **before** receiving treatment. Please note that specialists and some general dentists may charge higher fees than what is shown on the schedule. We rely on the judgment of DenteMax as to the professional competency of dentists in their network. Our role is to make the DenteMax network available to members of this program. Our liability is limited to the amount paid for the card(s).

I have read and understand the above information and I want to enroll in the Dental Network Card Program.

Signature: _____ Date: _____