Health Economics Group, Inc.

Dental Network Access Program 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	

Annual Fees: $36.50 (Individual Coverage) OR $52.00 (Family Coverage) **Plus a <u>$5.00 Processing Fee</u>**
for a total of ☐ **$41.50** (Individual Coverage) OR ☐ **$57.00** (Family Coverage)

☐ Pay by Check

- Make check Payable to "Health Economics Group, Inc."
- Mail Payment and Enrollment form to: Health Economics Group Inc.
  1387 Fairport Rd, Building 1000, Suite A1
  Fairport, NY 14450
  Attn: Dental Network Access Program

☐ Pay by Credit Card

- Mail Enrollment form to: Health Economics Group Inc.
  1387 Fairport Rd, Building 1000, Suite A1
  Fairport, NY 14450
  OR Attn: Dental Network Access 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 Access Card Program.

Signature: Date:

You will receive your Dental Access Program Card(s) in the mail after 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 common 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 Access Program.

Signature: _____ Date: _____