

No Dental Insurance? Here's Help!

Dental Network Access Program

Dentists, like other healthcare providers, typically charge patients without insurance more than they charge when patients are insured. This doesn't seem fair. **With this nationwide program, patients without dental insurance are billed lower, more affordable fees for all common dental procedures**, just like the negotiated fees dentists accept from insurance companies. One-third of practicing dentists in the United States are in the network. **It's easy to save!**

Single Coverage	Family Coverage
\$52.00 per YEAR	\$64.00 per YEAR

That's only a **dollar a week**.
 Only a **dollar a month** to add family coverage.
Here's an example of what you can save:

Porcelain / Ceramic Crown

Amounts Billed:	Rochester	Albany	White Plains	Brooklyn
High Fee*	\$1416	\$1409	\$2200	\$1980
Average Fee**	\$1200	\$1200	\$1500	\$1500
Low Fee***	\$994	\$1028	\$949	\$903
Network Fee	\$742	\$742	\$902	\$902

* 90% of fees billed by area dentists are these amounts or lower

** Half of fees billed by area dentists are these amounts or lower, and half are higher

*** 10% of fees billed by area dentists are these amounts or lower

Note: No widely-recognized studies show a relationship between fees and dental quality

Go to www.heginc.com/dental to find the names of network dentists and network fees for the most common dental services in your area. Check with the dentist in advance to confirm network participation and fees.

This is not insurance, and it is not a Medicare program.

Enroll today by mailing the form on the other side.

Health Economics Group, Inc. • 1387 Fairport Road, Building 1000, Suite A1, Fairport, New York 14450
 800-666-6690 x505 • 585-241-9500 x505 • Fax 585-241-9518 • dental@heginc.com



NYSAC
 — NEW YORK STATE —
 ASSOCIATION OF COUNTIES



Dental Network Card Enrollment Form				Please Print
Last Name:		First Name:		MI: Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Date of Birth (MM/DD/YYYY):		Medicare Enrolled? <input type="checkbox"/> Y <input type="checkbox"/> N	Phone Number:	
Address:			County Name:	
City:		State:	Zip Code:	
Email Address:				
Dependents (Only required for Family Coverage)				
Name	Medicare <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth (MM/DD/YYYY)
	<input type="checkbox"/> Y <input type="checkbox"/> N	Spouse	<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
Annual Fees: \$52.00 (Individual Coverage) OR \$64.00 (Family Coverage) Total of <input type="checkbox"/> \$52.00 (Individual Coverage) OR <input type="checkbox"/> \$64.00 (Family Coverage)				
<input type="checkbox"/> Pay by Check <ul style="list-style-type: none"> ▪ Make check Payable to "Health Economics Group, Inc." ▪ Mail Payment and Enrollment form to: Health Economics Group Inc. 1387 Fairport Road, Building 1000, Suite A1 Fairport, NY 14450 Attn: Dental Network Card Program 				
<input type="checkbox"/> Pay by Credit Card <ul style="list-style-type: none"> ▪ Mail Enrollment form to: Health Economics Group Inc. 1387 Fairport Road, Building 1000, Suite A1, Fairport, NY 14450 Attn: Dental Network Card Program ▪ Fax form to 585-241-9518 				
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover				
Credit Card Number:				Expiration Date:
Name as it Appears on Credit Card:			Security 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 not insurance. This is not 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: _____