



# Enroll today!

You are now eligible for membership in a Dental Health Services dental plan. You and your family now have an affordable, quality alternative to high dental costs and traditional dental insurance. We look forward to the opportunity to serve you!

## How does my plan work?

Your dental plan allows you and your family to receive service from a network of local, independently owned, Quality Assured dental offices. Using the plan is easy. Simply select a conveniently located participating dentist, who will then assess your oral health and outline an appropriate treatment plan. Your care then proceeds according to this plan. Most procedures require you to pay a copayment, as listed in the enclosed Schedule of Covered Services and Copayments brochure.

## What is a copayment?

A copayment is the amount listed in the Schedule of Covered Services and Copayments that you pay directly to your participating dentist at the time you receive care.

## How do I receive dental care?

As soon as you are enrolled and your plan has become effective, simply telephone your selected dental office and ask for an appointment time that works best for you. Your participating dentist receives an updated membership list every month, so it is not necessary to have your membership card to make an appointment or to receive care.

## How do I select a dentist?

Simply note the dentist number for the participating dentist you would like to receive care from on your enrollment form. You may change dentists at any time by contacting your Member Service Specialist.

## What if I have a dental emergency on the weekend, after office hours, or when I am out of town?

Participating dentists are expected to maintain 24-hour emergency availability. If for some reason you are unable to access your selected dentist or a Dental Health Services representative, you may seek palliative care — the relief of pain, swelling or bleeding — from any licensed dentist. You will be reimbursed for any amount over your applicable copayment for all dental work done to relieve pain, swelling, or bleeding.

## What if I need to see a specialist?

Specialty coverage varies, depending on the plan in which you are enrolled. To determine if your plan offers specialty coverage, you may either reference the Evidence of Coverage brochure you receive upon your enrollment, or contact your Member Service Specialist.

# Enrollment Form

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Last Name	First Name	M.I.	Social Security #
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Address	City	State	Zip Code
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E-mail Address	Home Phone	Work Phone	Birth Date
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Dentist Number – numeric code next to  
dentist name in directory

Sex  
 Male  
 Female

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Requested Effective Date  
(Enroll by the last day of the month to be  
eligible on the first day of the following month)

OFFICE USE ONLY

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Group #

Effective Date

## Dependents to be covered\*

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Last Name	First Name	M.I.	Sex	Relationship	Birth Date
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\*Dependents include your spouse, domestic partner, and/or children under 26 years of age. Children 26 years of age and over are eligible only while the child is and continues to be both 1) incapable of sustaining employment by reason of developmental disability or physical challenge, and 2) is chiefly dependent upon the subscriber for support and maintenance, provided proof of incapacity and dependency is furnished to Dental Health Services within 31 days of such a request.

By submitting this form, I authorize my dentist to release any information regarding patient history to Dental Health Services, consulting professionals, or other entities designated or approved by Dental Health Services for the purpose of certifying, purchasing, providing, evaluating, or administering benefits. The authorization remains in effect until revoked by me in writing. I also certify that I am at least 18 years of age.

It is a crime to knowingly provide false, incomplete, or misleading information to a limited healthcare service contractor for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of benefits.