



# NEVADA DENTAL HEALTH SERVICES

## Complete Dental Coverage

1241 South Taylor Street  
 Fallon, Nevada 89406  
 (775) 423-7400 (Phone)  
 (775) 423-7410 (Fax)  
 Email: nevadadental@cccomm.net

### ENROLLMENT FORM

#### NDHS Use Only

Approved:  Declined:   
 Date: \_\_\_\_\_  
 By: \_\_\_\_\_

<b>YOUR NAME:</b>		<b>LAST</b>	<b>FIRST</b>	<b>M.I.</b>	<b>MARITAL STATUS</b>	
					<input type="checkbox"/> <b>SINGLE</b> <input type="checkbox"/> <b>MARRIED</b>	
<b>SOCIAL SECURITY NUMBER</b>		<b>DRIVER'S LICENSE NUMBER</b>		<b>DATE OF BIRTH</b>		<b>EFFECTIVE DATE</b>
<b>HOME ADDRESS:</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>NAME OF EMPLOYER:</b>		<b>ADDRESS:</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>SPOUSE NAME:</b>		<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>BIRTH DATE</b>	<b>SOCIAL SECURITY NUMBER</b>

Is your spouse to be covered?  <input type="checkbox"/> Yes	<b>COVERAGE REQUESTED (CHECK BOX BELOW)</b>					Are you or any of your dependents covered for dental insurance under another policy?  <input type="checkbox"/> Yes
	<input type="checkbox"/> <b>MEMBER</b>	<input type="checkbox"/> <b>MEMBER PLUS 1</b>	<input type="checkbox"/> <b>MEMBER PLUS 2 DEPENDENTS (MAX. 3)</b>	<input type="checkbox"/> <b>SENIOR</b>		
	<input type="checkbox"/> \$93 <input type="checkbox"/> \$149	<input type="checkbox"/> \$143 <input type="checkbox"/> \$229	<input type="checkbox"/> \$185 <input type="checkbox"/> \$296	<input type="checkbox"/> \$62 <input type="checkbox"/> \$100	<input type="checkbox"/> <b>ONE YEAR</b> <input type="checkbox"/> <b>TWO YEARS</b>	

I WISH TO COVER THE ELIGIBLE MEMBERS LISTED BELOW COMPLETE FOR DEPENDENT COVERAGE					RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
(LAST)	(FIRST)	(M.I.)					
1						/ /	
2						/ /	
3						/ /	
4						/ /	
5						/ /	

I HEREBY DECLARE THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT ANY FALSE STATEMENTS BY ME OR ANY INTENT TO DEFRAUD OR DECEIVE FOR THE PURPOSE OF MISLEADING **NEVADA DENTAL HEALTH SERVICES** FOR THE PURPOSES OF OBTAINING COVERAGE, WILL RESULT IN REFUSAL OF COVERAGE OR TERMINATION OF COVERAGE. BY MY SIGNATURE BELOW, I AFFIRM THAT I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT (PLEASE SEE REVERSE OF THIS APPLICATION.)

**PAYMENT INFORMATION** (PLEASE CHECK METHOD OF PAYMENT)

CHECK ENCLOSED (CHECK # \_\_\_\_\_)    VISA    MASTERCARD    CASH

CARD HOLDER NAME: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

CARD EXPIRATION \_\_\_\_\_ CVC CODE (3 DIGIT CODE) \_\_\_\_\_

DATE	YOUR SIGNATURE X
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# NEVADA DENTAL HEALTH SERVICES

## TERMS & CONDITIONS

Nevada Dental Health Services is an innovative dental plan that provides members with significant saving on dental services. It is an easily accessible plan offering a complete package of reduced fees for virtually all your dental needs, making quality dentistry affordable. Nevada Dental Health Services is not supplemental dental insurance; it is a discount dental plan in which participating providers have agreed to provide plan members certain dental services at reduced fees.

### **Plan Eligibility**

Single individuals, domestic partners, married couples and their dependents are eligible. Dependents are eligible up to the age of 26 years of age (regardless of whether the dependent is attending school, living outside the parent's home, or married). Membership may continue for a dependent over age 26, if the dependent is incapable of self-sustaining employment by reason of developmental or physical handicap. Parents or guardians who would like to enroll children or dependents on their own plan may do so.

### **Cancellation Policy**

Nevada Dental Health Services may be cancelled within 45 days of the purchase date. If the plan is cancelled with 45 days, a \$10 charge will be deducted from the refund and the patient will be billed the usual and customary charges for all procedures performed prior to the cancellation. Please see dental plan brochure for current fee schedule. Refunds on cancellation requests will be processed as soon as possible, and may take up to 4 – 6 weeks.

### **Notice to Plan Members with Current Dental Insurance**

Nevada Dental Health Services cannot be used in combination with a current dental insurance policy for procedures or services covered by the insurance policy.

### **Additional Limitations and Exclusions**

Prescriptions and over-the-counter medications are not covered. Services provided by non-participating dental providers are not a covered benefit. Participating providers can be found at [www.nevadadentalhealthservices.com](http://www.nevadadentalhealthservices.com). Loss or theft of any dental appliance is not covered. Failure to follow prescribed dental procedures may incur additional fees. Out-of-area emergencies are not a covered benefit. Only procedures performed at The Dentists' Office are covered under this plan. Any procedure not listed on the Plan Fee Schedule will be offered at the current standard fee.

### **Effective Date / Membership Cards**

Membership in Nevada Dental Health Services is effective immediately upon processing of the member application. The normal application process is 5-7 business days. Member cards will be delivered upon approval of application. One membership card per membership. Membership cards are not required for eligibility. Eligibility questions can be made at 775-423-7400.

### **Fees Subject to Change**

All fees are subject to an increase annually and may be adjusted by Nevada Dental Health Services.