



# Premier 120-01 Plans Enrollment Form

Please complete this form by printing in ink or typing.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital Status  Married  Single \_\_\_\_\_ # of Dependents \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Please indicate your primary language here: \_\_\_\_\_

Disability which affects communication: \_\_\_\_\_

### I wish to cover the following eligible family members:

| Name (Last, First, Initial) | Sex   | Date of Birth  |
|-----------------------------|---|----------------|
| Enrollee _____              | <input type="radio"/> M <input type="radio"/> F | ____/____/____ |
| Spouse _____                | <input type="radio"/> M <input type="radio"/> F | ____/____/____ |
| Child _____                 | <input type="radio"/> M <input type="radio"/> F | ____/____/____ |
| Child _____                 | <input type="radio"/> M <input type="radio"/> F | ____/____/____ |
| Child _____                 | <input type="radio"/> M <input type="radio"/> F | ____/____/____ |
| Child _____                 | <input type="radio"/> M <input type="radio"/> F | ____/____/____ |

**IMPORTANT**

Select A Dentist from the OraQuest Provider List

\_\_\_\_\_

Dentist Name

\_\_\_\_\_

OraQuest Provider ID#

### Determine applicable monthly rate:

- Subscriber Only .....\$7.95 per month\*
- Subscriber plus 1 dependent .....\$14.00 per month\*
- Subscriber plus family .....\$19.00 per month\*

**Please Sign & Date This Form Here**

**Did You Remember To Select A Dentist In The Space Above? \***

1. I hereby apply for membership in the OraQuest Premier 120-01 Plan for myself and any eligible dependents listed.
2. I represent that the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Pay Monthly By Bank Draft

To pay your premiums monthly by automatic bank draft from your checking account please enclose a check with this application for the first month's premium plus the \$15 enrollment fee. Also enclose a blank, voided check from the account we are to draft. Future premiums will be drafted from your account around the 7th day of each month.

#### Monthly Payment Premium Calculation:

Monthly Billing - **BANK DRAFT OPTION ONLY** \*\$ \_\_\_\_\_

One Time Enrollment Fee \_\_\_\_\_ \$15.00

Total amount due to enroll: \$ \_\_\_\_\_

### Pay Annually By Check or Credit Card

To pay your premiums for a year in advance please enclose credit card information or a check with this application for twelve months of premium plus the \$15 enrollment fee. **If premium was paid by credit card, future annual payments will be automatically charged to your credit card upon renewal.** Approximately 30 days prior to your renewal date you will receive a notice.

#### Annual Payment Premium Calculation:

Annual Billing (\$ \_\_\_\_\_ \* x 12) \$ \_\_\_\_\_

One Time Enrollment Fee \_\_\_\_\_ \$15.00

Total amount due to enroll: \$ \_\_\_\_\_

**For Bank Draft Payment Only**

*Sign this authorization and attach a voided check plus a check for the first month's premium plus the enrollment fee.*

**Bank Draft Authorization:** I hereby request and authorize you to pay checks drawn on my account by OraQuest provided there are sufficient funds in said account to pay the same upon presentation.

Signature: \_\_\_\_\_

**For Credit Card Payment Only**

I authorize OraQuest Dental Plans to charge my credit card for payment of this dental plan premium.

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

MasterCard, VISA, Discover, and American Express accepted.

### For Office Use Only

Agent \_\_\_\_\_ A1781

OraQuest Dental Plans is a dental HMO licensed by the Texas Department of Insurance.

*Make checks payable to OraQuest Dental Plans  
and mail this form to:*

OraQuest Dental Plans  
12946 DAIRY ASHFORD, SUITE 360  
SUGAR LAND, TX 77478  
Phone: (281) 313-7170 or 1-800-660-6064  
Fax: (281) 313-7155