

L O U I S I A N A
dentalplan

P.O. Box 87459, Baton Rouge, LA 70879-7459

Toll-Free Phone: 800-256-1948

WWW.LOUISIANADENTALPLAN.COM

MEMBER INFORMATION (Please Print)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number (____)-____-____ Work Phone Number (____)-____-____

Email Address _____ DOB _____

Please list dependents to be included: (Spouse and/or children up to age 21)

Name	Gender	Date of Birth

Limitations, Exclusions & Exceptions: This plan is a discount membership program offered by Louisiana Dental Plan. Louisiana Dental Plan is not an insurance, health maintenance organization or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Louisiana Dental Plan. You will receive discounts for services at certain dental care providers who have contracted with the plan. You are obligated to pay for all dental care services at the time of service. The range of discounts provided under the plan vary depending on the type of provider and the services received. The plan's discounts may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. Providers are subject to change. It is the member's responsibility to verify that the provider participates in the plan. Louisiana Dental Plan cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by Louisiana Dental Plan are solely responsible for the professional advice and treatment rendered to members and Louisiana Dental Plan disclaims any liability with respect to such matters.

<u>Choose Payment Option</u>	<u>Individual</u>	<u>Family Plan</u>
1. Monthly Payment <i>(Bank Draft, Credit/Debit Card Only)</i>	\$6.00	\$10.00
OR CHOOSE		
2. Annual Payment <i>(Check or Money Order Only)</i>	\$72.00	\$120.00
NOTE: If you are a new member make sure to include the \$20.00 Enrollment Fee with your first payment.		

If you choose to pay by bank draft, you must mail in the enrollment fee, the first month's payment and a voided check. Your account will be charged or drafted automatically beginning with the second month of enrollment. You may also complete our bank draft application online at WWW.LOUISIANADENTALPLAN.COM. If at any time you wish to cancel your bank draft, you must cancel it at least 5 days prior to the date of the next drafting.

There is a \$20.00 fee for all NSF Check returns and ACH Bank Draft returns.

I hereby make submit my enrollment in the **Louisiana Dental Plan**.

By signing this agreement I hereby agree to be personally liable for all payments due to Louisiana Dental Plan until my membership is cancelled. I agree hold Louisiana Dental Plan, Inc. harmless for negligence on the part of any participating provider. *I further acknowledge that I have received a copy of the Louisiana Dental Plan General Information Sheet.*

Signature of Enrollee: _____ **Date:** _____

Mail application and payment to:

Louisiana Dental Plan
P.O. Box 87459
Baton Rouge, LA 70879-7459

Please remember to:

- _____ Complete all information
- _____ Sign this enrollment form
- _____ Include a voided check (bank draft applicants only)

For information, assistance and an up-to-date list of providers participating in Louisiana Dental Plan, contact:

Customer Service:
E-mail: response@louisianadentalplan.com
(225) 291-3077
(800) 256-1948

FOR OFFICE USE ONLY

Effective Date: _____ Plan Number: _____
Representative Name: _____ Representative Number: _____