



Enrollment Application

9099 Katy Freeway, Suite 100 | Houston, Texas 77024
Phone: 1-800-400-0613 | Fax: 713-463-9777 | www.dentex.net

Personal Information

First Name MI Last Name Date of Birth

Address City State, Zip

Home Phone Work Phone

Name of person financially responsible for this account

Email Address

- Male Female
 Married Single

How did you hear about us? Please list the name of the person who referred you.

List Household Members You Wish to Enroll (Leave Blank if Single)

First Name Last Name Date of Birth

Registration fee of \$25 (non-refundable) is required with each application. Choose one of the options below:

- SINGLE - \$7.95/month | \$95.40/year
 SINGLE PLUS ONE DEPENDENT - \$12.95/month | \$155.40/year
 FAMILY - \$15.95/month | \$191.40/year

I hereby make application to enroll in Dentex Dental Plan, Inc. for a minimum of one year. I hold Dentex blameless for any negligence on the part of the participating provider and agree to discuss all fees with the provider before I receive services. Dentex may terminate this agreement without cause by sending a notice of termination to the above address. NO REFUNDS.

Signature Date

Mail Completed, 2-Sided Form To:
Dentex | 9099 Katy Freeway, Suite 100 | Houston, TX 77024

Or Fax Completed, 2-Sided Form To:
713-463-9777

(See Back for Payment Information)



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PLEASE SELECT PAYMENT OPTION:

- Check Enclosed for 1 Full Year (+\$25 reg. fee)
- Credit Card Annual Payment (+\$25 reg. fee)
- Monthly Draft (1st month premium +\$25 reg. fee due immediately by credit card or check)

PAYMENT INFORMATION

Automatic Bank Draft

I authorize Dentex to deduct my monthly membership fee on the third business day of each month in the amount of \$_____. Dentex will continue drafting until notified of cancellation in writing. Cancellation notice must be 30 days prior to draft.

Please enclose initial payment and a voided check.

Signature for bank draft _____
Date

Credit Card One-time Annual

Credit Card Monthly

I authorize Dentex to deduct my monthly membership fee on the third business day of each month. Dentex will continue drafting until notified of cancellation in writing. Cancellation notice must be 30 days prior to draft.

Card number

Exp. Date _____
Verification code (3-4 digits)

Signature for credit card _____
Date

Print Name as it appears on card

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