United Dental Care of Texas, Inc. Application Form

Please retain a copy of this applicationfor your records

AGENT NUMBER

Your Social Security Number	Last Name	First Name	Middle Initial	Sex M ☐ F ☐
Your Date of Birth	Address			
Home Phone	City	State	Zip	

IMPORTANT
Write the Dental facility Number of the dentist(s) you choose from the directory in this space(s) below.

List Dependents to be Enrolled

First Name	Middle Initial	Last Name (if different)	Relationship	Date of Birth	Sex
Spouse					M ☐ F ☐
Child					M ☐ F ☐
Child					M ☐ F ☐

Attach a separate sheet of paper for additional children.

☐ Check this box if you have a disability affecting your ability to communicate or read.
Please include your primary language by placing a check in the appropriate box. ☐ English ☐ Spanish ☐ Other ____________

Prepayment Fee Amount
$_______+
Enrollment Fee
$ 20.00
Total Enclosed
$_______

Select Payment Choice

☐ **Annual Payment -** make the check payable to United Dental Care of Texas, Inc.
☐ **Charge my annual prepayment fees**
☐ **Automatic Monthly Bank Draft -** complete the Authorization Agreement on the reverse side of this form.

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Exp. Date Mo._____ Yr._______

By my signature below, I understand that a full description of this Individual HMO Dental Plan will be provided in the Individual Dental Service Agreement and that the dentist I select may or may not perform all of the procedures listed on the Copayment Schedule. I authorize the dentist who has rendered procedures to me or members of my family to make available to United Dental Care of Texas, Inc., Union Security Insurance Company and their affiliated dental companies my dental records, photocopies or information regarding such procedures to the extent permitted by law. It is a crime to knowingly provide false, incomplete or misleading information for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of benefits. This authorization is not governed by HIPAA; however, when necessary, I may be asked to execute a HIPAA authorization form, allowing United Dental Care of Texas, Inc., Union Security Insurance Company and their affiliated dental companies to use and disclose protected health information.

Agent's Signature________________________**Date** ________**Subscriber's Signature** ______________________**Date**__________

10.86 17.51 26.89
115.28 195.10 307.72
BDC-IAPP-TX

This is an important document that will become part of your contract. Benefits administered by Union Security Insurance Company and provided by United Dental Care of Texas, Inc..

Authorization Agreement For Automatic Monthly Bank Draft

Name(s)	Social Security Number										Checking ☐ Savings ☐

I (we) hereby authorize United Dental Care of Texas, Inc. to initiate debit entries, and to initiate if necessary, credit entries and adjustments for any debit entry corrections to my (our) account indicated below and the Financial Institution named below to debit and/or credit same to such account.

Bank Name	City	State

Include Your Checking or Savings Account Number in the Boxes Below:

Account Number																

IMPORTANT

If you selected the Monthly Bank Draft Payment method, enclose a voided check, your first month's pre-payment fee and $20 enrollment fee with this form and send them to us.

Prepayment fees are deducted from your authorized account on the 15th of the month prior to the month of benefits. The Authorization Agreement automatically renews if the Individual Dental Service Agreement renews.

John M. Doe
Mary J. Doe
210 East Anystreet
Youngstown NJ 07095
3780
20
3-6-340
Pay to the ORDER OF
VOID
DOLLARS
CP CENTRAL NATIONAL BANK
Youngstown, NJ
Memo
A031000095 285 414 3A 3780

This authorization is to remain in full force and effective until United Dental Care of Texas, Inc. has received WRITTEN notification from me (or either of us) of its termination by the 10th of the month prior to the month when the enrollment is to be terminated.

Signature____ **Date**____________

United Dental Care of Texas, Inc.
3595 Grandview Parkway
Birmingham, AL 35243
T 800.380.6347