

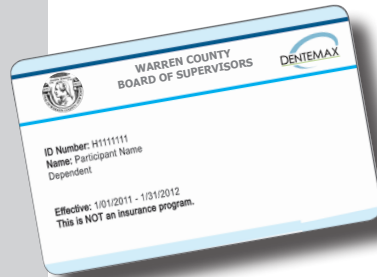
# Warren County Dental Card Program

The Warren County Board of Supervisors has partnered with the New York State Association of Counties (NYSAC) to provide residents with a new voluntary County Dental Network Card Program. At a cost of 10 cents per day for an individual, or a dollar per week for a family, the program will make going to the dentist more affordable and easier for seniors and families throughout the county.

By purchasing a County Dental Network Card, cardholders will have access to information they can use to locate dentists who have agreed to charge reduced fees for dental services. The program is not an insurance program, but is intended to assist patients for whom cost is a barrier to receiving dental treatment.

For more information  
and to enroll in the program,  
please visit the  
Warren County  
website at  
[www.co.warren.ny.us](http://www.co.warren.ny.us)

The County Dental Network Card program makes use of the extensive DenteMax network of dentists, with more than 100,000 dental access points throughout the country.



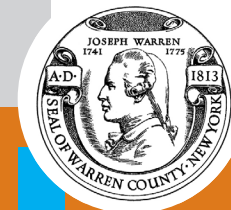
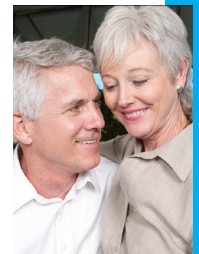
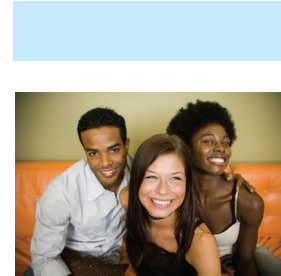
Dentists in the network have agreed to charge the prevailing DenteMax network

fee schedule when a patient presents an identification card bearing the DenteMax name or logo. Cardholders can save as much as \$56 for an exam and cleaning (a 37% savings) and \$17 for x-rays (a 30% savings).

“Proper dental hygiene is often out of reach for many seniors and families. Dental care is a key ingredient to overall good health, and this new program puts a trip to the dentist in reach for more families in the county. We are pleased to provide residents without dental insurance with more affordable access to participating dentists in our communities.”

For more information  
on this program, please visit  
[www.co.warren.ny.us](http://www.co.warren.ny.us)

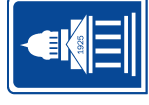
# Warren County Dental Card Program



# Warren County



# Warren County Dental Network Card Program



NEW YORK STATE  
ASSOCIATION OF COUNTIES

## ENROLLMENT FORM

**(Please Print or Type)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Gender  Male  Female \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Dependents			
Name	Relationship	Gender	Date of Birth
	Spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Annual Cost:**  \$36.50 for Individual Coverage OR  \$52.00 for Family Coverage (Check One)

Your card(s) will be effective on the date your enrollment information is processed. Your card(s) will expire on the last day of the month following 12 full months of eligibility. Re-enrollment is not automatic. You must contact us to re-enroll.

**Make Check Payable to "Health Economics Group, Inc."**

**Send Payment with Enrollment Form to:**  
Health Economics Group, Inc., 1050 University Avenue, Suite A, Rochester, NY 14607 Attn: Dental Network Card Program

**Pay by Credit Card and Mail or Fax form to: (585) 241-9518**

Credit Card Type:  Visa  Master Card  Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_ 3 Digit Card Verification/Security Code: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

I authorize HEALTH ECONOMICS GROUP, INC. to use the credit card information provided above as payment for the Dental Network Card. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You will receive your Dental Network Card in the mail once your enrollment is processed. Please allow 10-14 business days for processing.**

For the names and addresses of DenteMax network dentists in a particular geographic area and/or to see the schedule of fees accepted by most general dentists in the network, go to our website ([www.heginc.com](http://www.heginc.com)). You may also obtain this information by calling Health Economics Group at 585/241-9500 x505 or 800/666-6690 x505. We will be pleased to help you.

*Health Economics Group, Inc. does not guarantee that a particular dentist will accept DenteMax fees as payment in full. Confirm DenteMax network participation and fees before receiving treatment. Please note that specialists and some general dentists may charge higher fees than shown on the schedule. We rely on the judgment of DenteMax as to the professional competency of dentists in their network. Our role is to make the DenteMax network available to members of this program. Our liability is limited to the amount paid for the card(s).*

**The Dental Network Card program is NOT insurance. It is a way for you to get the dental care you need at fees that are among the most affordable in your area and anywhere you might need treatment.**

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