Welcome to the Brighter Dental Direct Plan!

Individual/Family Application

Applicant _____ _____ _____
Last First Middle Initial

Address _____ _____ _____ _____
Street City State Zip Code

Home Phone (____) _____ Work Phone (____) _____

E-mail Address _____

Location of BDC Office To Be Assigned To: _____

☐ Individual $ 75.00 annually*
☐ Husband/Spouse $ 95.00 annually*
☐ Family $ 100.00 annually*

*$10.00 non-refundable processing fee due for initial application, due only once at onset of membership, not due for adding family members or renewing membership.

ELIGIBLE PERSONS: Complete this box. Attach another application if needed for additional children. (**Note:** Dependent children are included under a parent's membership only until the end of the membership year in which they attain the age of 23.)

Last Name	First Name	Date of Birth MO DAY YR	Sex M/F	Social Security Number
Applicant*				
Spouse/Domestic Partner				
Child				
Child				
Child				

*Must be 18 years of age or older.

(circle one) Visa MasterCard Discover Amex

Payment enclosed ☐

Card Number_____

Make check or money order to:
Quality Health Care Group L.L.C.

CVV2 Security Code_____ Exp Date_____

Name on Card_____

Membership shall be effective for 12 months. I have read the Terms and Conditions of membership in the Brighter Dental Direct Plan and agree to be bound by such Terms and Conditions. I accept responsibility for the payment of fees due and acknowledge that the Brighter Dental Direct Plan is NOT DENTAL INSURANCE. I understand that the Brighter Dental Direct Fee Schedule may change once per the contract year and I am responsible for the fees then in effect at the time of service. I further acknowledge that the benefits of the Brighter Dental Direct Plan are only available during my membership period and services must be performed during such period.

Signature_____ Date _____

Upon completion: mail or fax (with credit card payment only) to:
Quality Health Care Group L.L.C., 46 Vreeland Drive, Suite 6, Skillman, NJ 08558. Fax: 609-252-9007.
www.affordabledentalplansnj.com