



**Welcome to the Brighter Dental Direct Plan!**

**Corporate Application**

Employer \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip Code

Employer Phone (\_\_\_\_) \_\_\_\_\_

Location of BDC Office To Be Assigned To: \_\_\_\_\_

- Individual \$ 70.00 annually\*
- Husband/Spouse \$ 90.00 annually\*
- Family \$ 95.00 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			Sex M/F	Social Security Number
		MO	DAY	YR		
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.affordableplansnj.com](http://www.affordableplansnj.com)