

# Albany County Dental Card Program



## Lower Costs. Brighter Smiles.

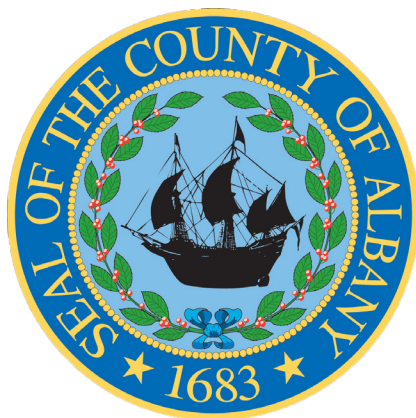
The Albany County Dental Network Card enables patients to obtain dental care at reduced fees. The program uses the DenteMax network of more than 8,000 dental practices statewide. One-third of all practicing dentists in the U.S. are in the network.

### **The program is not insurance.**

Dentists in the network have agreed to charge fees that are among the most affordable in the area.

Savings are several hundred dollars for crowns and root canals, and \$50 to \$90 or more for dental exams, cleanings, fillings, and extractions.

The Albany County Dental Network Card program makes dental care more affordable for seniors and families throughout the county.



Albany County Executive Dan McCoy has partnered with the New York State Association of Counties to provide the Dental Network Card Program to residents.



**NYSAC**  
— NEW YORK STATE —  
ASSOCIATION OF COUNTIES

## Who is the County Dental Network Card for?

- **Employees of small businesses** that don't offer dental insurance
- **Retirees** who no longer have dental insurance
- **Unemployed** individuals and their families
- **Recent college graduates** and young adults
- **Anyone not covered by a dental plan**

## What are the benefits of the Dental Network Card?

- Reduced fees for dental services, including cleanings, x-rays, extractions, dentures, and others
- Listing of local participating dentists
- Improved oral health

## For more information:

Call Health Economics Group at 1-800-666-6690 ext. 347 or visit [www.heginc.com/nysac](http://www.heginc.com/nysac)



**Daniel McCoy**  
Albany County Executive



# Albany County Dental Card Program Enrollment Form



**NYSAC**  
NEW YORK STATE  
ASSOCIATION OF COUNTIES

## (Please Print or Type)

Name:

County:

Address:

City:

State:

Zip:

Date of Birth:  
(MM/DD/YYYY)

Gender:

Phone Number:

Email Address:

## Dependents

Name:

Relationship:

Gender:

Date of Birth:

**Annual Cost:** ☐ \$52.00 for Individual **OR** ☐ \$64.00 for Family **(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. 1387 Fairport Rd., Building 1,000, Suite A-1, Fairport, NY 14450 Attn: Dental Network Card Program

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

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number:

Expiration Date:

Name as it appears on Card:

CVV:

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, visit [www.heginc.com/nysac](http://www.heginc.com/nysac). You may also obtain this information by calling Health Economics Group at 585-241-9500 x 505 or 800-888-6690 x 505. We will be pleased to help.

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 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: \_\_\_\_\_