DENCAP dental plans Est. 1984

45 E. Milwaukee Street | Detroit, MI 48202 | Pn: (888) 988-3384 | Fx: (313) 972-4662 | dencap.com

Monthly Payment Enrollment Form

Select and Select Plus Plans

SIMPLE STEPS TO ENROLL….

1. Provide Subscriber's Name and Member ID or SSN
2. Choose your payment option
   - If choosing ACH Bank Draft, include a voided check, or a bank specification letter
     (Bank Letter must include account holder's name, account type (checking or savings), account number, and routing number, on bank letterhead)
3. If selecting recurring monthly charge, select payment date
   (DENCAP will withdraw funds on the first business day after the selected date if the date falls on a weekend or a holiday)
4. Funds are to be taken or paid the month prior to coverage effective date.
5. Changes need to be made in writing seven (7) days before the next scheduled payment date to take effect.

If you have any questions, please call our billing department: (313) 972-1400

Subscriber Information

Subscriber Name: _____

Subscriber DENCAP Member Number *or* Social Security Number: _____

Dental Office Selection ➡ ☐☐☐ *(Choose ONE using a 3 digit number from the DENCAP Provider Directory)*

Select ONE Payment Option

☐ **Payment Option #1 - ACH Bank Draft** Please draft my account every payment period on the day of the month selected in the **Payment Charge Date** section, using the information on the **enclosed voided check** or bank specification letter.

OR

☐ **Payment Option #2 - Credit/Debit Card** Please charge my credit/debit card every payment period on the day of the month selected in the **Payment Charge Date** section.

Card Holder/Name on Card: _____ ☐ Visa | ☐ MC | ☐ Disc | ☐ Amex

Card Holder Billing Address: _____ City: _____ State: _____ Zip: _____

The street address and zip code are both required to process payment.

Credit/ Debit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Credit/Debit Expiration Date: _____

OR

☐ **Payment Option #3 - Paper Bill** Please mail me an invoice to the address provided with my enrollment through the Marketplace. Invoices are due on the 25th of each month prior to the month of coverage. Failure to make a payment by the due date may result in cancellation.

Payment Charge Date

(ACH or CC only)

Select ONE Date

☐ 5th of every month

☐ 25th of every month

Authorization Agreement

Please Read Terms BEFORE Signing Below

By filling out this application and signing below I hereby authorize DENCAP Dental Plans, Inc. to initiate automatic withdrawals from the bank account or credit/debit card supplied. I also authorize DENCAP Dental Plans, Inc. to make withdrawals if I make changes in enrollment status of members on my account or in the event that a credit entry is made in error. Further, I agree not to hold DENCAP Dental Plans, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until DENCAP Dental Plans Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new authorization form to DENCAP Dental Plans, Inc. I understand that I am responsible for notifying DENCAP Dental Plans, Inc. in writing of any changes in my bank account or credit/debit card, and that all written notifications of changes must be received by DENCAP Dental Plans, Inc. seven (7) days prior to my next charge date to ensure that the change will go into effect for that charge. I understand that DENCAP Dental Plans, Inc. may charge the funds on the first business day after the above selected charge date if the selected date falls on a weekend or holiday.

Account Holder Signature: _____ Date: _____

Email This Form

- If submitting via e-mail button or pdf, type your name in the account holder signature box. *(Your e-mail to DENCAP serves as a binding signature.)*
- If printing and faxing/mailing document, please sign.

Clear Data

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Return this form to: DENCAP Dental Plans, Inc. 45 E. Milwaukee, Detroit, MI 48202. Or fax to 313-972-4662. Or email to info@dencap.com