

Member Payment Form

Please complete each section of this form in full

PERSON FINANCIALLY RESPONSIBLE		IS THIS A COVERED MEMBER?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last Name		First Name		DOB / /	
Mailing Address		City			
		State		Zip Code	
Telephone #		Email Address		Member #	

ADDITIONAL COVERED MEMBER					
Last Name		First Name		DOB / /	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Member #	Relationship to Primary Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent/Child

ADDITIONAL COVERED MEMBER					
Last Name		First Name		DOB / /	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Member #	Relationship to Primary Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent/Child

ADDITIONAL COVERED MEMBER					
Last Name		First Name		DOB / /	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Member #	Relationship to Primary Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent/Child

PAYMENT METHOD ONLINE PAYMENT IS NOW AVAILABLE ON WWW.NEVADADENTALBENEFITS.COM

I prefer to make: One Time Annual (Payment in Full) Recurring Monthly (1st of Month) Monthly Payment Only

*If no option is selected, we will automatically deduct payments on a monthly basis using your selected payment method. You may change this option at anytime by contacting Nevada Dental Benefits, Ltd at 702-478-2014 or 866-998-3944

CREDIT CARD PAYMENT					
Credit Card (tick one) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS			Credit Card #		
Amount \$		Security Code (CVV)		Expiration Date (MM/YY) /	
Billing Address			Billing Zip Code		

ACH PAYMENT Please attach a voided check					
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		Bank Name			
Bank Account Number			Bank Routing Number		
Amount \$		Account Holder's Name			

CHECK PAYMENT

Please send your paper check along with this form to:

Nevada Dental Benefits, Ltd.

PO BOX 81950
 Las Vegas, NV 89180

I authorize payment to Nevada Dental Benefits, Ltd. according to my preferred payment method

 Signature

 Date mm/dd/yy

Questions? Please call our customer care coordinators at 702-478-2014 or 866-998-3944 or email us at contactus@nevadadentalbenefits.com