Nevada Dental Benefits, Ltd.®
a PRIMECARE™ BENEFITS GROUP company
Great Health Starts Here®

You can now make your payment online
VISIT WWW.NEVADADENTALBENEFITS.COM
& CLICK "PAY ONLINE" IN THE TOP RIGHT CORNER

Member Payment Form

Please complete each section of this form in full

PERSON FINANCIALLY RESPONSIBLE

IS THIS A COVERED MEMBER? ☐ Yes ☐ 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 ☐ F ☐	Member #	Relationship to Primary Member ☐ Spouse ☐ Dependent/Child

ADDITIONAL COVERED MEMBER

Last Name	First Name	DOB / /
Gender M ☐ F ☐	Member #	Relationship to Primary Member ☐ Spouse ☐ Dependent/Child

ADDITIONAL COVERED MEMBER

Last Name	First Name	DOB / /
Gender M ☐ F ☐	Member #	Relationship to Primary Member ☐ Spouse ☐ 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) ☐ VISA ☐ MasterCard ☐ DISCOVER ☐ American Express		Credit Card #
Amount $	Security Code (CVV)	Expiration Date (MM/YY) /
Billing Address		Billing Zip Code

ACH PAYMENT | Please attach a voided check

☐ Checking ☐ 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

*For additional enrollees please use additional sheets**