



HORIZON CENTURION DENTAL PROGRAM APPLICATION FOR ENROLLMENT

P.O. Box 1279
Newark, NJ 07101-9607
1-800-4DENTAL

Name _____
Last
First
Middle Initial

Address _____
Street
City
State
Zip

Home Phone _____ Work Phone _____
Area Code
Area Code

ELIGIBLE PERSONS TO BE ENROLLED

Complete this box for yourself and all dependents enrolling. Attach another application if you have more than four children.
 (Note: Dependent children are covered under a parent's contract only until they reach the contract termination age of 23.)

	LAST NAME	FIRST	MI	DATE OF BIRTH			SEX M/F	SOCIAL SECURITY NUMBER
				MO	DAY	YR		
Applicant								
Spouse								
Child								
Child								
Child								
Child								
Legal Ward								

Enroll today in the Horizon Centurion Dental Program.

Please total the amount due

1 Individual at \$60.00 Per = \$ _____ Per Year

or

1 Family at \$84.00 Total = \$ _____ Per Year

Husband & Wife

or

Parent(s) & Dependents Child(ren)
See Terms and Limitations

Total Amount Due = \$ _____ Per Year

Payment enclosed.

Make check or money order payable to
Horizon Healthcare Dental Services, Inc.

VISA MasterCard

Card number _____

Expiration date _____

Name on card _____

For Office Use Only - Broker Number

I hereby apply for participation. I understand and agree that any benefits provided pursuant to this application will be at the level of discounts indicated. I hereby accept responsibility for payment of the discounted charges. I understand that services must be provided by a Horizon Dental PPO dentist in order to receive any discount. **We reserve the right to change fees once per contract year with 30 days notice. I further acknowledge that dentist's fees under the Horizon Centurion Dental Program are subject to change and, that I will be responsible for the fees in effect at the time of service.** I further acknowledge that participation shall become effective only if approved and services are rendered on or after the effective date of participation which will be the first of the next month provided payment is received by the 15th of the current month. I certify to the best of my knowledge and believe the information given on this application is complete and true. I understand that my participation may be cancelled without written prior notice if I have included false information. I also understand that such termination will be retroactive to the date of my participation.

Signature _____ Date _____

HORIZON CENTURION TERMS AND LIMITATIONS

1. Eligible dependents under a family program include the participant's spouse and/or one or more of the participant's eligible child dependents. Eligible child dependents include natural born children or stepchildren of the participant or the participant's spouse, legally adopted children of the participant or the participant's spouse, a child for whom the participant or the participant's spouse has legal guardianship over and who is wholly dependent upon the participant or the participant's spouse for most of his/her support and maintenance, and the participant or the participant's spouse's foster children. Proof of support or adoption and all other matters pertaining to eligibility as a child dependent must be submitted to Horizon Healthcare Dental Services, Inc. when requested.
2. Eligible child dependents are covered through the end of the month in which they turn age 23.
3. A child otherwise defined above but who has obtained age 23 and who Horizon Healthcare Dental Services, Inc. determines is incapable of self-sustaining employment by reason of mental or physical handicap or developmental disability shall be considered a child under this program if he/she depends on the participant or the participant's spouse for support and maintenance and had the condition before attaining age 23. Proof of handicap must be submitted to Horizon Healthcare Dental Services, Inc. when requested.
4. Payment for the Horizon Centurion program is made on an annual basis. No mid term refunds or adjustments (i.e., family to single) will be allowed.
5. Negotiated charge levels are only available when services are rendered by a Horizon Healthcare Dental Services, Inc. participating PPO dentist.
6. The negotiated charge levels are subject to change in the future. Changes will occur no more than once during any twelve month period and participants will be notified 30 days in advance of any changes.
7. Services for which Horizon Healthcare Dental Services, Inc. has not negotiated a discounted charge with the PPO dentists may be billed at the Dentists usual charge.
8. No person, other than the participant and his/her eligible dependents is entitled to receive the negotiated charges under this program. This program is not transferable.
9. This program provides discounted charges for most Dental services when the participant uses a Horizon Dental PPO provider. The participant is responsible for paying all discounted charges. No payments will be made by Horizon Healthcare Dental Services, Inc. for services rendered under this program.

HORIZON CENTURION DENTAL PROGRAM

Questions and Answers

Q. How does the program work?

A. The Horizon Centurion Dental Program is an affordable individual or group dental program. When you visit a participating Horizon PPO dentist for eligible services and show your Horizon Centurion ID card, you will receive those services at negotiated fee levels.

Q. Will I be required to visit certain dentists?

A. Yes. Only dentists who participate in the Horizon Dental PPO Network will honor this program. Simply visit one of these dentists to receive the negotiated fees. With over 2,700 participating providers in New Jersey and the surrounding counties of New York and Pennsylvania, there is sure to be one close to your home or place of work.

Q. What if I need specialty care?

A. If you require specialty care, simply visit one of the participating specialists. Note that the fees included on the Horizon Centurion Savings Schedule are for services rendered by a participating General Dentist; fees for specialists will generally be higher.

Q. Will I be required to fill out a claim form when I have services rendered under the Horizon Centurion Program?

A. No. There are never any claim forms to be filed. When you receive eligible dental services from a participating Horizon Dental PPO Network dentist, simply pay the provider the negotiated fees at the time of service.

Q. Will there be any changes in the negotiated dental fees payable under the Horizon Centurion Program?

A. The negotiated dental fees applicable under the Horizon Centurion Dental Program are subject to change in the future. We reserve the right to change fees once per contract year with 30 days notice. Participants will be responsible for the fees applicable at the time services are rendered.

Q. What do I do if I need emergency treatment?

A. Always seek appropriate care. However, if care is not rendered by a participating Horizon Dental PPO Network dentist, you will not receive the negotiated fees and will be required to pay the dentist's fees in full.

Q. What if I am out of state and need to see a dentist?

A. You may visit any dentist you wish. However, if that provider is not a participating Horizon Dental PPO Network dentist, you will not receive the negotiated fees and will be required to pay the dentist's fees in full.

Q. When will my next payment for Horizon Centurion be due?

A. Horizon Centurion is an annual program. To continue your enrollment in the program, you will be billed 45 days prior to the anniversary of your initial enrollment. Payment must be received (via check or credit card) by the 15th of the month prior to the effective date.

