

## MANGANO ANNOUNCES AFFORDABLE DENTAL CARE FOR NASSAU RESIDENTS

Nassau County Executive Edward P. Mangano partnered with the New York State Association of Counties (NYSAC) to provide residents with a new voluntary Dental Network Card Program that costs 10 cents per day for an individual, or a dollar per week for a family.



By purchasing a Dental Network Card, cardholders will have access to information they can use to locate dentists who have agreed to charge reduced fees for dental services. The program is not an insurance program, but is intended to assist patients, for whom cost is a barrier, to receive dental treatment.

For more information and to enroll in the program, please visit the Nassau County website at [www.nassaucountyny.gov/Dental.htm](http://www.nassaucountyny.gov/Dental.htm)

## NASSAU COUNTY EXECUTIVE ED MANGANO PRESENTS AFFORDABLE DENTAL CARE FOR NASSAU RESIDENTS

The Dental Network Card program makes use of the extensive DenteMax network of dentists, with more than 100,000 dental access points throughout the country. Dentists in the network have agreed to charge the prevailing DenteMax network fee schedule when a patient presents an identification card bearing the DenteMax name or logo. Examples of reduced costs include \$56 for an exam and cleaning – a 37% savings and \$17 for x-rays, a 30% savings.



"Dental care is a key ingredient to overall good health, and this new program puts a trip to the dentist in reach for more Nassau County families. We are pleased to provide this program to residents without dental insurance." - County Executive Mangano.

For more information on Nassau County, please visit [www.nassaucountynetwork.com](http://www.nassaucountynetwork.com)



Follow Ed Mangano on Facebook, Twitter and [www.nassaucountyny.gov](http://www.nassaucountyny.gov)

Dental Network 0612



## AFFORDABLE DENTAL CARE



## FOR NASSAU RESIDENTS



NASSAU COUNTY EXECUTIVE  
**ED MANGANO**  
[www.nassaucountyny.gov](http://www.nassaucountyny.gov)



## NASSAU COUNTY DENTAL NETWORK CARD PROGRAM ENROLLMENT FORM

|                               |   |             |                              |
|-------------------------------|---|-------------|------------------------------|
| <b>(Please Print or Type)</b> |   |             |                              |
| Name: _____                   |   |             |                              |
| Address: _____                |   | City: _____ | State: _____ Zip Code: _____ |
| Date of Birth (MM/DD/YY)      | Gender  | Phone       | Email Address                |
| _____                         | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____       | _____                        |

| Dependents |              |   |               |
|------------|--------------|---|---------------|
| Name       | Relationship | Gender  | Date of Birth |
|            | Spouse       | <input type="checkbox"/> Male <input type="checkbox"/> Female |               |
|            |              | <input type="checkbox"/> Male <input type="checkbox"/> Female |               |
|            |              | <input type="checkbox"/> Male <input type="checkbox"/> Female |               |
|            |              | <input type="checkbox"/> Male <input type="checkbox"/> Female |               |

**Annual Cost:**  \$36.50 for Individual Coverage OR  \$52.00 for Family Coverage (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., 1050 University Avenue, Suite A, Rochester, NY 14607 Attn: Dental Network Card Program

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

|  |  |
|--|--|
| Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express | Expiration Date: _____                         |
| Credit Card Number: _____  | 3 Digit Card Verification/Security Code: _____ |
| Name as it appears on Credit Card: _____   | 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, go to our website ([www.heginc.com](http://www.heginc.com)). You may also obtain this information by calling Health Economics Group at (585) 241-9500 x505 or (800) 666-6690 x505. We will be pleased to help you.

*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 may 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:** \_\_\_\_\_