## THE CALIFORNIA DENTAL NETWORK

Hello and Welcome to the California Dental Network.

Here is your requested Information. If you have any questions or if there is anything you may need in the meantime, please do not hesitate to e-mail at **info@cadentalnetwork.com** or call the California Dental Network Toll Free at **1-877-433-6825.** 

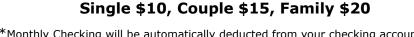
Our Enrollment Website can also Help: www.CaDentalNetwork.com

Network Dentists can be found on the website, or by calling the toll free number.

Don't forget that our dental plans are ...No Deductibles, No Claim Forms, No Annual Maximums, No Limitations on Most Pre-Existing Conditions and No Waiting Periods to See a Dentist!

## **Our Affordable Rates:**





<sup>\*</sup>Monthly Checking will be automatically deducted from your checking account, Please Attach a Voided Check as well as a check with premium and enrollment

## To Enroll

Please send the Check (First Premium and Enrollment Fee) and Complete Application to:

California Dental Network 1971 E. 4<sup>th</sup> Street, Suite 184 Santa Ana, CA 92705-3917

if you would like to have an automatic monthly payment by credit card, fill out credit card form located at the bottom of the application, and send a check with the First Monthly Check Deduction Premium Amount and Enrollment Fee with the application. Following months will be charged to your credit card.

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<sup>\*</sup>Monthly Billing: A bill will be sent to you once a month.

ENROLLMENT APPLI	CATION Ple	ase print or ty	pe. California Dental Netw	vork.		
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Plan #	Dentist Office	e#	Agent 00120	5 ZINK (76	0) 944-70	<u>68</u>
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