



DENTAL INSURANCE CLAIMS RESOLUTION HELP REGISTRATION FORM

Please fill out this form and circle the quantity of past due insurance claims you would like to submit.
Then fax it to (888) 822-0917.

Quantity	FEE	CLUB FEE
(1)	\$65.00	\$58.50
(5)	\$325.00	\$292.50
(10)	\$650.00	\$585.50

Dental Management Club – Join our club and receive your claims at a 10% discount. \$125.00 membership fee
***Membership is for one year and includes;** discounts on our courses and dental products & services by our partnered vendors.

TOTAL \$ _____

Doctor /Practice Name: _____

Billing Address: _____

City, State, Zip: _____

Telephone/Fax: _____

Contact Name & Title: _____

Contact Email: _____

Name on Card _____

Billing Address (if different) _____

City, State, Zip _____

Credit Card No / Expiration Date _____

Security Number: _____

Signature: _____

Elaine Dickson our Insurance Specialist will contact you for further information.