

California DENTAL

A DENTAL HEALTH PLAN

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AGENT SUPPLY REQUEST FORM

(Please FAX or MAIL all supply requests)

Name of Agent/Agency _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Please Indicate How Many Of Which Items Are To Be Sent (Please FAX or MAIL all supply requests)

Prepaid (HMO) "Group" Brochures:

(2-9 Enrollees)

- _____ Plan 465 Enrollment Brochure
- _____ Plan 495 Enrollment Brochure
- _____ Plan 495 *Spanish* Enrollment Brochure
- _____ Plan 595 Enrollment Brochure
- _____ Plan 595 *Spanish* Enrollment Brochure
- _____ Advantage 100 Enrollment Brochure
- _____ Advantage 150 Enrollment Brochure
- _____ Advantage 200 Enrollment Brochure
- _____ Advantage 250 Enrollment Brochure

(10 + Enrollees)

- _____ Plan 404 Enrollment Brochure
- _____ Plan 404 *Spanish* Enrollment Brochure
- _____ Plan 505 Enrollment *Brochure*
- _____ *Plan 505 Spanish* Enrollment Brochure
- _____ A100 / A150 / A200 / A250 Enrollment Brochure

(25+ Enrollees ONLY)

- _____ Plan 303 Enrollment Brochure
- _____ Plan 303 *Spanish* Enrollment Brochure
- _____ Advantage 75 Enrollment Brochure

Prepaid (HMO) Participating Dentist's:

- _____ Southern California (All Counties)
- _____ Northern California (All Counties)
- _____ Find a Dentist On-Line (Small Insert)

Prepaid (HMO) "Individual" Brochures:

(Individuals & Families)

- _____ Plan 460 Enrollment Brochure
- _____ Plan 460 *Spanish* Enrollment Brochure
- _____ Plan 411 Enrollment Brochure
- _____ Plan 411 *Spanish* Enrollment Brochure
- _____ Plan 595 Enrollment Brochure
- _____ Plan 595 *Spanish* Enrollment Brochure

Agent Forms & Other Supplies

- _____ CDN Agent Appointment Paperwork w/ Return Envelope
- _____ Prepaid (HMO Standard Rates, UW Guidelines, & General Benefits)
- _____ Agent Supply Request Form
- _____ Request for Proposal (RFP)
- _____ Prepaid / PPO Employer Group Application *(Circle 1 or Both)*
- _____ Prepaid / PPO Submission Checklist *(Circle 1 or Both)*

Indemnity "Group" Supplies (Fort Dearborn):

- _____ Indemnity (Standard rates, UW Guidelines, & General Benefits)
- _____ Indemnity **Employer** Group Application
- _____ Indemnity **Employee** Application

Participating Dentist's - Stand Alone by County

- _____ Orange County
- _____ Los Angeles County
- _____ San Diego County
- _____ Riverside & SB County
- _____ Kern & Ventura County