

L O U I S I A N A  
**dentalplan**

P.O. Box 87459, Baton Rouge, LA 70879-7459  
**Toll-Free Phone: 800-256-1948**  
[WWW.LOUISIANADENTALPLAN.COM](http://WWW.LOUISIANADENTALPLAN.COM)

**MEMBER INFORMATION (Please Print)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone Number(\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone Number(\_\_\_\_)-\_\_\_\_-\_\_\_\_  
 Email Address \_\_\_\_\_

Please list dependents to be included: (Spouse and/or children up to age 21)

Name	Gender	Date of Birth

LOUISIANA DENTAL PLAN (“LDP”) IS A DISCOUNT PLAN AND IS NOT INSURANCE COVERAGE. MEMBERS RECEIVE DISCOUNTED PRICING ON DENTAL SERVICES FROM PARTICIPATING PROVIDERS. THE RANGE OF DISCOUNTS PROVIDED UNDER THE PLAN VARY DEPENDING ON THE TYPE OF PROVIDER AND THE SERVICES RECEIVED. MEMBERS ARE OBLIGATED TO PAY FOR ALL SERVICES PROVIDED BY A LDP PROVIDER, BUT MEMBERS WILL RECEIVE A DISCOUNT FROM THOSE PROVIDERS THAT HAVE CONTRACTED WITH LDP.

For information, assistance, and an up-to-date list of providers participating in Louisiana Dental Plan, contact:

**Customer Service**

**E-mail: [response@louisianadentalplan.com](mailto:response@louisianadentalplan.com)**

**Toll-Free Phone: 800-256-1948**

<b><u>Choose Payment Option</u></b>	<b><u>Individual</u></b>	<b><u>Family Plan</u></b>
<b>1. Monthly Payment</b> <i>(Bank Draft Only)</i>	<b>\$6.00</b>	<b>\$10.00</b>
<b>OR CHOOSE</b>		
<b>2. Annual Payment</b> <i>(Check or Money Order Only)</i>	<b>\$72.00</b>	<b>\$120.00</b>
NOTE: If you are a new member make sure to include the <b>\$20.00</b> Enrollment Fee with your first payment.		

If you choose to pay by Bank Draft, you must mail in the enrollment fee, the first month's payment, and a voided check. Your account will be charged or drafted automatically beginning with the second month of enrollment. You may also complete our Bank Draft application online at [WWW.LOUISIANADENTALPLAN.COM](http://WWW.LOUISIANADENTALPLAN.COM). If at any time you wish to cancel your bank draft, you must cancel it at least 5 days prior to the date of the next drafting.

There is a \$20.00 fee for all NSF Check returns and ACH Bank Draft returns.

I hereby make submit my enrollment in the **Louisiana Dental Plan**.

By signing this agreement I hereby agree to be personally liable for all payments due to Louisiana Dental Plan until my membership is cancelled. I agree hold Louisiana Dental Plan, Inc. harmless for negligence on the part of any participating provider. ***I further acknowledge that I have received a copy of the Louisiana Dental Plan General Information Sheet.***

**Signature of Enrollee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail application and payment to:**

Louisiana Dental Plan  
P.O. Box 87459  
Baton Rouge, LA 70879-7459

***Please remember to:***

- \_\_\_\_\_ Complete all information
- \_\_\_\_\_ Sign this Enrollment Form
- \_\_\_\_\_ Include a voided check (bank draft applicants only)

**OFFICE USE ONLY**

Effective Date: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Representative Number: \_\_\_\_\_