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PLEASE TYPE OR PRINT ALL INFORMATION

Dentcare Delivery Systems, Inc.
 International Healthcare Services, Inc.

TRANSMITTAL SHEET
 Enrollments, Terminations and Change of Coverage

From (Name and Address)	Group #	This is Page of Pages
	Effective Date of Coverage	Prepared By
	Date	Title

To Be Completed By Employer

Social Security Number	Name of Employee	Single	H/W	Family	Total No. of Persons	Remarks
Totals						

Monthly Billing Procedures

1. New Enrollees have effective dates on the first of the month - terminations are effective as of the last day of the month.
2. Bills will be sent by the 20th of the month for the following month's coverage. If you are billed for a subscriber who is being terminated, please pay the bill as is and note the change on a transmittal form. Credit will be given to you on the following month's invoice.
3. This form along with an enrollment card should be used to inform us of new subscribers, coverage changes, (single to family, etc.) and Plan type changes (Comprehensive to Reimbursement, etc.). Terminations should also be noted on the form.
4. If you have any questions about a bill, please call us at 516-542-2200 or 800-468-0608 and press extension 554 during the recorded announcement.

