

How to enroll

If you are enrolling in Dental coverage only, or if you are a new or existing Anthem Blue Cross/ Anthem Blue Cross Life and Health Insurance Company Medical member who wants to add Dental:

- Complete and sign the attached application
- Determine your premium
- Choose your payment plan
- Write a check payable to Anthem Blue Cross
- Send the application and payment to the address below or to your agent



Please note that when you enroll in both a Medical and Dental plan, the same method of payment must be selected for both. For members with a Medical plan who are adding Dental coverage, you will need to send the first month's Dental premium with the application even if you currently pay your Medical premium by credit card or via automatic monthly checking account deduction.

To determine your initial premium:

- If you want to pay your bill monthly, fill out the attached Checking Account Deduction Authorization and submit it along with a check for one month's premium and a blank check marked "VOID"
- If you want to pay your bill every two months, write a check for two months' premium
- If you want to pay your bill every three months, write a check for three months' premium

Again, for those already enrolled in a Medical plan who are adding Dental, or those enrolling in both a Medical and Dental plan, you must select the same method of payment for both.

If you have any questions, please call (818) 654-4548

Send your application and payment to:

OLEG SKURSKIY
18375 Ventura Blvd # 226
Tarzana, CA 91356
or by Fax 818-776-9865



Anthem Blue Cross Life and Health Insurance Company Individual Dental Blue PPO Plan Enrollment Application

If you are an Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company subscriber, please enter your current group number and certificate number.

GROUP NO. and CERTIFICATE NO. input fields

Select One

Selection options: Dental Blue 100 Basic, Dental Blue 200 Essential, Dental Blue 100 Plus, Dental Blue 200 Plus

Application Information: Applicant must complete this section.

PLEASE PRINT

Main application information form with fields for last name, first name, MI, sex, birthdate, marital status, social security number, home address, billing address, city, state, zip code, home phone, and business phone.

Spouse To Be Insured (Sign Below)

Spouse information form with fields for name of spouse, sex, birthdate, and social security number.

Children To Be Insured

Children information form with two rows for child name, sex, and birthdate.

Signatures (Required)

Statement of Understanding for areas with limited availability. I understand the difference between a Participating Dentist and a Non-Participating Dentist, and would like to apply. I know that I probably will not be able to use a Participating Dentist and that I will probably pay more for dental care. When I use Non-Participating Dentists, I will pay the difference between the limited benefit that the plan pays and the actual charge by the Non-Participating Dentist. This means that I may be responsible for a larger portion of my dental bills.

REQUIREMENT FOR BINDING ARBITRATION

The following provision does not apply to class actions:

IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: "It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration." THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN.

Signatures and dates section with fields for applicant, spouse, and dependent.

Agent Information

Agent information form with fields for signature, agent name (OLEG SKURSKIY), and agent number (BCLNGNPVMZ).

FOR ANTHEM BLUE CROSS ONLY

Form for Anthem Blue Cross only with fields for group no., certificate number, agent no., effective date, pre-exist, area, by, and date.

