

Best One Dental List Bill Collection Form

(Minimum of 2 Applications)

Email this completed form to the marketing person you work with at GAC. You will be contacted once the list bill group number has been set up so you can then start the applications.

GAC Marketing

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General Information

Name of Business/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Nature of Business: _____

SIC Code of Business or Type of Business: _____

Number of Employees on List Bill: _____ Requested Effective Date: _____ (only 1st of month)

Plan Options (circle option(s)): Economy \$1500 Choice \$3000 Choice \$5000

Business/Organization Billing Contact

Billing Contact Person: _____ Contact Email: _____

Contact Phone: _____

Agent/Representative Information

Rep Name: _____ Rep Number: _____

Agency Name: _____ Phone: _____