



**Health Solutions
Religious Medical Trust**

1205 Windham Parkway
Romeoville, IL 60446
800.807.0100 / 630.378.2505 fax

Dental Only Member Enrollment Form

Please fax to Billing and Eligibility Service at 630.378.2505 or send an email to HealthEnrollment@CBServices.org.

Date	From	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Religious Order Location Number	Effective Date of Change	Religious Order Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Religious Order Number	Sub-Location Number	Religious Order Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Member's Last Name	Member's First Name	Member's Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth	Sex	Home Address
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>

City	State	Zip Code +4	Member's Phone Number	Member's Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Member Effective Date	Is member eligible for Medicare A&B? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	If YES, what date did the member become eligible? <input type="text"/>

Is member eligible for Medicaid or other State or Federal plan? Yes No