



## MAIN DENTAL MEMBERSHIP PLAN REGISTRATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email address \_\_\_\_\_ Birth Date \_\_\_\_\_

Employer \_\_\_\_\_

Plan type: \_\_\_\_\_ Adult (\$499) \_\_\_\_\_ Child (\$399) \_\_\_\_\_ Perio (\$805) Total \$ \_\_\_\_\_

Additional Family Members	Birthdate	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____

### Select Method of Payment

Circle one: Visa | Mastercard | Discover | AmEx | Debit Card | Cash | Check # \_\_\_\_\_

### Charge Card Information:

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

I understand the benefits, limitations, exclusions, and requirements of the plan. Fees for dental services are due as the services are rendered. Failure to comply will result in my being charged the usual and customary fees for those services. Failure to show or cancellation of a scheduled dental cleaning appointment, without the required 48-hour notice, will count as one of your dental cleaning occurrences and cannot be made up. Fees are nonrefundable. If any 3 rd party insurance is acquired and used during the 12 month contract period, this membership cannot be used and is non-refundable.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Signature

Date

### FOR OFFICE USE:

Membership Start Date \_\_\_\_\_ Membership End Date \_\_\_\_\_