



Membership Plan Application

My Information:

Name: _____ E-mail: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
DOB: _____ SSN: _____ Driver's License Number: _____
Best Contact Number: _____ Alternate Contact Number: _____

Spouse's Information:

Name: _____ E-mail: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
DOB: _____ SSN: _____ Driver's License Number: _____
Best Contact Number: _____ Alternate Contact Number: _____

Children's Information:

Name: _____	DOB: _____	SSN: _____	Male/Female
Name: _____	DOB: _____	SSN: _____	Male/Female
Name: _____	DOB: _____	SSN: _____	Male/Female
Name: _____	DOB: _____	SSN: _____	Male/Female

Which plan would you like?

- Individual - \$195
- Individual and Spouse - \$345
- Child - \$165 How many? _____
- Adult Periodontal Plan - \$395

Total Annual Cost \$ _____

To be charged automatically every year on the anniversary date of _____

Card Number: _____ Expiration Date: _____ / _____

Cardholder's Signature: _____ Date _____

Policies

Membership fees are non-refundable and are non-transferable. If a patient chooses to not use their benefits during the year time frame, they expire with the plan membership. All treatment must be completed before the end of an enrollment period.

Annual fees will be automatically deducted from your bank account on the anniversary date of when you signed up. This date will be listed on this contract which you will also receive a copy of. If you would like to cancel your membership, you must give us a one-month written notice.

Your child can remain on your membership plan until he/she turns 18 or up to the age 26 as long as he/she is currently enrolled in school. To remove a child from your membership plan, we must receive written notice and you will have to sign a new application with your new plan details.

Our membership plan may not be combined with any discounts or insurance. Orthodontic treatment and dental products such as toothbrushes, Clinpro, etc. are not included in the 20% discount. If you use CareCredit as your method of payment, the 20% discount will be reduced to a 10% discount.

All fees must be paid for the day of service. No exceptions. Any treatment that is not paid for at the time of service will be billed without your discount.

If you are in an accident with an injury where a lawsuit is involved or you are using workers comp, this discount plan cannot be used.

Membership plan can only be used at J-Town Comprehensive Dental Center and will not transfer to any other office.

This is a dental membership plan and not dental insurance.

Applicant's Signature: _____ Date: _____

Witness: _____ Doctor: _____