



Personal Information:

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Birthdate _____ Home Phone _____ Cell _____

Spouse's Information:

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
SSN _____ Home Phone _____ Cell _____

Children's Information:

| | |
|------------|----------------|
| Name _____ | Birthday _____ |
| Name _____ | Birthday _____ |
| Name _____ | Birthday _____ |

Plan Cost:

Individual Coverage - \$465.00
Dual Coverage - \$890.00
Add'l Family Member Coverage \$425.00 x ____ = _____
Total Annual Cost: _____

Applicant's signature _____ Date _____

Payment type:

Check _____
Credit Card: AMEX Discover Visa MC
Card Number _____ Exp Date _____ CVR code _____
Cardholder Signature _____

TERMS, LIMITATIONS, & GUIDELINES

Please read and initial each line

- _____ This is a dental discount plan and is NOT dental insurance. It cannot be combined with any other dental insurance.
- _____ This offer is good only for Swansboro Family Dental. Therefore, if you are referred to a specialist, they will NOT offer this discount.
- _____ Should there be dental treatment needed following any type of injury where a lawsuit and therefore outside medical, care, disability or workman's comp type insurances are involved, this discounted plan cannot be used.
- _____ This plan is NON-Transferable-Family members cannot be substitutes in for another family member.
- _____ This plan is non-refundable. No refunds or premiums will be issued at any time if participant decides not to utilize their dental membership.
- _____ Rates are subject to change annually.
- _____ Payments for services are due at time of service in order to receive the 15% discount.
- _____ This offer cannot be combined with any other offers.
- _____ Benefit coverage is effective for participants who remain enrolled in their plan at least until the completion of treatment. If enrollment expires before treatment is completed, coverage is no longer available.
- _____ Patients cannot enroll in the plan if there is an outstanding balance on their account.
- _____ Membership is effective on the day on which payment is received. Payment is due when services are rendered. It is the sole responsibility of the member to maximize benefits by arranging the appropriate appointments within the 12 months membership period. If the appointments are not used, the member will not be entitled to a refund. Renewal payment is due the beginning of the same month of original joining each year.
- _____ **If CareCredit is used to pay for completed treatment there is only a 5% discount verses 15% discount (This is due to charges incurred by our office from CareCredit).**
- _____ **CareCredit cannot be used to purchase the Membership Plan.**