



## In-office Dental Membership Program Application

Your Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Full Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

### Please select who is signing up today.

If you are signing up for multiple family members, then please check off the box for them and complete their info. A child is up to 12 years old. If your child is older than 12, please enter them as an adult.

- Self (\$50/month)
- Spouse/Adult (\$50/month) Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_
- Adult 2 (\$50/month) Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_
- Child 1 (\$25/month) Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_
- Child 2 (\$25/month) Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_
- Child 3 (\$25/month) Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Are you or any of these persons a new patient? Yes \_\_\_\_\_ No \_\_\_\_\_

Please choose a method of payment. Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

If you select "Check", make it payable to **Comprehensive Dentistry, P.C.** and bring in or mail this completed form and your check to the address below. "Cash" must be brought to the office. 30 days notice is required to cancel credit card monthly payments.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ One Time Payment: \_\_\_\_\_ Monthly: \_\_\_\_\_

- All payments are credited towards any treatment needed.
- Your monthly membership payments accumulated on your account will never expire.
- **20% Off** our regular fees for basic services like fillings, root canals, extractions, gum treatment, etc...
- **25% Off** our regular fees for major services like crowns, bridges, implants, dentures, etc...
- Your Dental Membership Plan can be paid by cash, check or online by credit card.

\*\* Dental membership payments are non-refundable and non-transferable to another person.

**Comprehensive Dentistry, P.C., 425 Broadhollow Road, Suite 118, Melville, NY 11747 (631) 752-2929**