MOWRY DENTAL MEMBERSHIP APPLICATION

Please print clearly and answer all questions unless not applicable

Personal Information:

Name: _____ DOB: _____

SSN: _____ Email Address: _____

Home Address _____
Street

_____
City State Zip

Phone: Home _____ Cell_____Work_____

Spouse's Information (if applicable):

Name: _____ DOB: _____

SS#: _____ Email Address: _____

Phone: Home _____ Cell_____Work_____

Children's Information (if applicable):

Name:_____ M/F Birthday __/__/____

Name:_____ M/F Birthday __/__/____

Name:_____ M/F Birthday __/__/____

Name:_____ M/F Birthday __/__/____

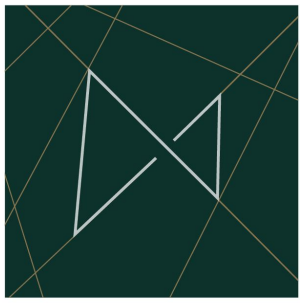
- ❑ $399/year Single Adult
- ❑ $798/year Two Adults
- ❑ $1148/year Family of 3
- ❑ $1498/year Family of 4
- ❑ $350/year Additional Children under 18

TOTAL AMOUNT DUE: _____ Date: _____ Annual Renewal Date: _____

*Mowry Dental reserves the right to limit the amount of new patients on this plan at any time.

Print Name: _____ Date: _____

Signature: _____ Date:_____



mowry dental

Membership Agreement

I have initialed the following terms and conditions of the Mowry Dental Membership Plan to indicate my agreement and understanding of each one:

• Membership fees are due **IN FULL** at the time of enrollment. ____

• This plan is a patient courtesy plan and **IS NOT** dental insurance. ____

• All member copayments (amount patient owes for treatment) are due **IN FULL** at time of service. ____

• Membership is prepaid, non-refundable, and non-transferable. ____

• No refunds will be given if a patient chooses to not use their plan. _____

• Freezing of accounts will not be allowed under any circumstances. ____

• If you elect to extend your payment for treatment using CareCredit, the discount for treatment will be reduced from 20% to 10% for CareCredit payment, due to merchant fees. ____

• This offer cannot be combined with any other discounts, promotions or dental insurance. ____

• Missed or rescheduled appointments without 48-hour notice are subject to a $75.00 fee. ____

• Plan is subject to change annually. ____

• Membership will be automatically renewed on the 1st day of your enrollment anniversary month. To cancel your membership, you must provide written cancellation at least 30 days prior to your enrollment anniversary month. ____

• Membership may be terminated for failure to pay membership fees. ____

• Membership benefits must be utilized within 12 months of your enrollment date. ____

• Membership discount will only be subtracted from full office fees and will not apply to any implant related services, dentures, veneers, Invisalign, or other major treatment not listed. ____

_____ _____

Signature Date

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