

MEMBERSHIP PLAN ENROLLMENT FORM

APPLICANT INFORMATION

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City/State/Zip:	E-Mail Address:		

CHOOSE YOUR PLAN

<input type="checkbox"/> Single Membership \$299	<input type="checkbox"/> Dual Membership \$575	<input type="checkbox"/> Family (3) Membership \$752	<input type="checkbox"/> Family (4) Membership \$917
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**I WANT TO ENROLL MY...
(LEGAL SPOUSE OR DEPENDENT CHILD ONLY)**

Dependent #1		Dependent #2	
Name:		Name:	
Date of birth:	Relation:	Date of Birth:	Relation:
Dependent #3		Dependent #4	
Name:		Name:	
Date of birth:	Relation:	Date of Birth:	Relation:

SIGNATURE

Membership plans are not insurance but a payment arrangement provided by **Kevin S. Butler, D.D.S.** for services rendered. Memberships are provided exclusively to patients of our practice and shall not be considered pre-payment for future services. Members agree that fees must be paid for at the time services are rendered. **A one time activation fee of \$50 will be due upon initial sign up.** Any service not paid for at the time of service will be billed at the usual and customary fees. The range of discounts will vary depending on the type of service. Membership dues must be current in order to receive services. At the end of your current subscription period, your plan will automatically renew for a period of 1 year. If you do not wish to renew you must notify our office no sooner than 30 days prior to the end of your then-current subscription period. A lapse of 28 days in dues will result in cancellation of the membership. Membership plan discounts may not be combined with any other offers or discounts. It is solely the patient's responsibility to schedule and keep their appointments. No refunds will be provided for dues paid under any circumstances, including failure to schedule and maintain appointments. You will have 30 days from the date of your enrollment to cancel your membership and receive a full refund providing you have not used your plan benefits. A patient member's yearly agreement is with the legal entity of **Kevin S. Butler, D.D.S.** Dues and fees for dental services may change at any time. All family members must reside in the same household. **This is not an insurance product.** This program cannot be used in conjunction with another dental plan, dental insurance, or financing plan, for referrals to specialists, for hospital charges of any kind, for costs of dental care which are covered under automobile medical, for services of injuries covered under workers compensation.

I have fully read, understand and agree to all terms and agreements and I attest that the above statements are true and correct. By signing below, I attest to the accuracy of the information provided on this form and acknowledge my desire to enroll in the membership plan.

Signature of applicant:	Date:
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