



Name:		Date of Birth:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email:			
Additional Family Member			
Name of Relative:		Date of Birth:	
Address (if different from above):		Relationship:	
City:		State:	Zip:
Email:		Cell Phone:	
Additional Family Member			
Name of Relative:		Date of Birth:	
Address (if different from above):		Relationship:	
City:		State:	Zip:
Email:		Cell Phone:	
PLAN OPTIONS			
<input type="checkbox"/>	INDIVIDUAL PLAN		\$300/YEAR
<input type="checkbox"/>	INDIVIDUAL PLAN + ONE FAMILY MEMBER		\$500/YEAR
<input type="checkbox"/>	INDIVIDUAL PLAN + TWO FAMILY MEMBERS		\$700/YEAR
<input type="checkbox"/>	OTHER: INDIVIDUAL PLAN + ____ FAMILY MEMBERS	\$300 + ____x \$200/ YEAR= \$ ____	
SIGNATURES			
I authorize the verification of the information provided on this form. I acknowledge that application into the office dental plan is an annual plan and is not refundable or available for services outside of Ken Caryl Dentistry. No member can be removed from the plan at any time nor can any adjustments be made to your enrollment in the plan from the date signed for one calendar year. I understand that payment for treatment not covered at 100% per the plan are due at the time of services. I understand that I am subject to all office policies.			
Signature of applicant:		Date:	

PAYMENT INFORMATION			
I authorize Ken Caryl Dentistry to charge my credit card listed below for the selected plan. I understand that I will be enrolled for one calendar year from my date of enrollment.			
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	Amount: \$
Name of Cardholder:			
Credit Card #:		Expiration Date:	
Billing Address:			
City:		State:	Zip:
Signature of Cardholder:			

Terms & Conditions

- Plan is for 12 months duration.
- Yearly enrollment fees are non-refundable.
- The two exams and cleanings must occur within the year of enrollment and can not be rolled over to the next year.
- Our program is for you and is not transferable to another party.
- For patients requiring Periodontal Maintenance or deep cleaning (SRP), the office plan will contribute the cost of a routine cleaning toward the cost of this treatment.
- Discount does not apply to purchase products, only services.