NELSON DENTISTRY SAVINGS PLAN APPLICATION

For Office Use Only

Plan Start Date: ________

Plan End Date: _________

Participant's Information

Name: _______________________________________ DOB: _______________ SSN: ________________________

Address: ____ City: ________________ ZIP: ________________

Preferred Phone Number: ________________________ Alternative Phone Number: ______________________

Email: ____

Any Additional Family Members (spouse, partner, and/or children under the age of 18)

Name: _______________________________________ DOB: _______________ SSN: ________________________

Name: _______________________________________ DOB: _______________ SSN: ________________________

Name: _______________________________________ DOB: _______________ SSN: ________________________

Name: _______________________________________ DOB: _______________ SSN: ________________________

Chosen Savings Plan(s)

Standard Plan ($399) x ____ # of patients = $___________

Periodontal Plan ($599) x ____ # of patients = $____________

I have read through the *Nelson Dentistry Savings Plan Rules & Guidelines and* understand what preventative services are included within my chosen savings plan. I understand the annual membership fee I am paying for with this application form is **non-refundable** and cannot be transferred or resold to another person. I also understand that no refunds will be issued at any time if I decide not to utilize my savings plan within my one year membership and that it is my responsibility to schedule and maintain my own appointments within my one year membership period.

Member signature: ____ Date: ____________________

Mail or drop off this completed application with appropriate payment (check payable to *Nelson Dentistry* or credit card) to our office (3700 S. Russell #116 Missoula, MT 59801). **Your membership will start the day your full payment is processed.**

Credit Card: □ Visa □ Discover □ MasterCard □ American Express

Credit Card Number:____ Exp Date:_____________ CVV:______ ZIP: _________

Authorized Signature:____