

# Select Dental Plan

## REGISTRATION FORM

(All information confidential.)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Employer & Title: \_\_\_\_\_

List Covered Dependents: (Eligible dependents include only spouses & children under the age of 23.)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Payment Method:

**Yearly Discount Plan** (\$300 + \$250 per additional member - savings up to \$50 per member vs. Monthly Plan)

Total: \_\_\_\_\_ per year

Cash: \_\_\_\_\_ Check: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CVC: \_\_\_\_\_

Card Type: MC \_\_\_ VISA \_\_\_ American Express \_\_\_ Discover \_\_\_ Care Credit \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Monthly Discount Plan** (\$30/month + \$25/month per additional member.)

Total: \_\_\_\_\_ per month

Cash: \_\_\_\_\_ Check: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CVC: \_\_\_\_\_

Card Type: MC \_\_\_ VISA \_\_\_ American Express \_\_\_ Discover \_\_\_ Care Credit \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please see "Terms and Conditions" plus member signature on reverse side.)*



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# Select Dental Plan

## REGISTRATION FORM - Terms & Conditions

### Benefits:

- 2 regular exams and healthy cleanings each year.
- All x-rays are included with your cleaning visits.
- 20% discount on all crowns, bridges, fillings, dentures, extractions and root canals.
- 20% discount on periodontal cleanings.
- Any emergency visits needed during the year.

### Limitations:

- Benefits can only be used at Stuart Curry Dentistry.
- Periodontal cleanings are not 100% covered. Members get 20% off all periodontal cleanings.

### Please read and sign below:

**Select Dental Plan** offers significant discounts on dental services. I understand the benefits, limitations, exclusions and requirements of this plan and agree to the following:

**Any fee for dental services are due when rendered. Fees for prosthodontics (dentures) and cast restorations (crowns, inlays, onlays, veneers) are due at the preparation/impression visit. Member benefits may not be used with any other offers or insurance plans. Members must remain in the plan a minimum of 12 months. For your convenience, the membership contract will renew at each anniversary period, unless cancelled.**

Signature: \_\_\_\_\_ date: \_\_\_\_\_

