



SILVER CREEK
DENTISTRY

Dental Savings Plan Enrollment Form

Effective Dates

~ For office use only ~

Starting

Ending

To apply for membership please complete all questions.

Name:

First Name

Last Name

Address:

Street Address

City

State

Zip Code

Contact Number: ()

Area Code

Phone Number

Application/Plan Type:

Additional Member Name(s):

☐ Single **\$464.00**

☐ Dual (2 members only) **\$885.00**

1. _____

2. _____

☐ Family (Up to 3 members) **\$1,309.00**

1. _____

2. _____

3. _____

☐ Each additional family members **\$373.00**
(4 to 6 members)

4. _____

5. _____

6. _____

☐ Each additional family members **\$311.00**
(7 or more members)

7. _____

8. _____

9. _____

10. _____

If paying by Credit Card, please provide the following Information:

☐ MasterCard ☐ Visa ☐ Discover ☐ AmEx Account #: _____

Expiration Date: _____ 3-digit Security Code: _____

Name on the card: _____

Signature

Date