



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 _____

Street Address (line 2) _____

City _____ State _____ Zip Code _____

Contact Number: _____ - _____
Area Code _____ Phone Number _____

Application/Plan Type:

Additional Member Name(s):

Single **\$464.00**

1. _____ 2. _____

3. _____ 4. _____

Dual (2 members only) **\$885.00**

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Family (Up to 3 members) **\$1,309.00**
(4 to 6 members)

11. _____ 12. _____

13. _____ 14. _____

Each additional family members **\$373.00**
(7 or more members)

15. _____ 16. _____

17. _____ 18. _____

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

19. _____ 20. _____

21. _____ 22. _____

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

MasterCard Visa Discover Account #: _____

Expiration Date: _____ 3 digit Security Code: _____

Name on the card: _____

Signature

Date