JOHN HOPKINS, DDS

CENTRE FOR SmileDesigns

Dental $avings Plan Application Form

Primary Plan Holder:

Effective Date: _____
FOR OFFICE USE ONLY

First Name: _____ Last Name: _____ Middle Initial: _____ Social Security # _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email: _____ Bithdate: _____

Annual Membership Cost: $299

Additional Family Members to be Covered:

Additional Cost per Member:

Name: _____ Relationship: _____ Birthdate: _____ Add: **$276**

Name: _____ Relationship: _____ Birthdate: _____ Add: **$177**

Name: _____ Relationship: _____ Birthdate: _____ Add: **$165**

Name: _____ Relationship: _____ Birthdate: _____ Add: **$110**

***Total Amount Due:** _____

*Annual fee is required at enrollment and cannot be financed. Membership fees for Dental $avings Plan is NON-REFUNDABLE. ***Centre fo Smile Designs*** reserves the right to modify, change, or discontinue the Dental $avings Plan, Savings Plan Plus, terms, fees, and services at the company's discretion upon written notice from ***Centre for Smile Designs*** prior to your anniversary renewal date.

Payment Method:

☐ Cash (in-office only**)

**If paying with cash, please return this application to our office in person. Do not mail cash payments.

☐ Check (make checks payable to and enclose check with application)

☐ Credit Card #: _____ Exp. Date: _____ CVC: _____

☐ Set my account listed above to Auto Draft***

Auto-Renewal Program: Sign up now and save 5% off next year's premium!

I, _____, autorize ***Centre for Smile Designs to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the Dental $avings Plan. ***Centre for Smile Designs*** will notify me when the plan is renewed, for my records. If I choose to discontinue participating in the dental savings plan, I will notify ***Centre for Smile Designs*** one month prior to my anniversary renewal date.

By signing below, I acknowledge that I have read the Dental $avings Plan brochure and understand the plan details, benefits, and limitations.

Member Signature: _____ Date: _____