



SARASOTA DENTAL ARTS

General, Implant and Cosmetic Dentistry

Dental Savings 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: _____ Birthdate: _____

Annual Membership Cost: \$399

Additional Family Members to be Covered:

Additional Cost per Member:

Name: _____ Relationship: _____ Birthdate: _____ Add: **\$376**

Name: _____ Relationship: _____ Birthdate: _____ Add: **\$350**

Name: _____ Relationship: _____ Birthdate: _____ Add: **\$325**

Name: _____ Relationship: _____ Birthdate: _____ Add: **\$299**

***Total Amount Due:** _____

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 Sarasota Dental Arts and enclose check with application)

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

Set my account listed above to Auto Draft***

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

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

***I, _____, authorize Sarasota Dental Arts to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the Dental Savings Plan. Sarasota Dental Arts 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 Sarasota Dental Arts one month prior to my anniversary renewal date.

Please mail this completed application with appropriate payment (check or credit card info) to our dental office location:

Sarasota Dental Arts - 7162 Beneva Rd, Sarasota, FL 34238

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

Member Signature: _____ Date: _____