



**Gentle  
Dental**

# IN-OFFICE SAVINGS PLAN

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- Individual Plan ..... \$399 annual cost
- Dual Plan..... \$699 annual cost
- Family (3) Plan ..... \$999 annual cost  
+ \$150 each add'l family member - # of additional: \_\_\_\_\_
- YES! I want to save 5% off this plan next year. Please set my plan to renew automatically in 12 months. (credit card required)

## YOUR PROFILE - PLEASE PRINT LEGIBLY

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 email address \_\_\_\_\_ @ \_\_\_\_\_  
 Phone (home or cell?) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

## YOUR FAMILY

Spouse Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 email address \_\_\_\_\_ @ \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## YOUR PAYMENT PREFERENCES

Total Annual Cost: \$ \_\_\_\_\_

Cash     Check # \_\_\_\_\_     Credit Card: (circle one)    MC    VISA    DISC    AMEX

Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ / \_\_\_\_\_    Card Security Code \_\_\_\_\_

## YOUR AUTHORIZATION - PLEASE SIGN

I am signing up for the Gentle Dentle Care In-Office Savings Plan.  
 I authorize payment per my above selections.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date