

I'd like to take a bite out of dental costs. Sign me up.

If you have any questions regarding this form, please call our office.

Name _____
Last First Middle

Street _____

City _____ State _____ Zip _____

Date of Birth _____ S.S. # _____

Daytime Phone _____

Cell Phone _____

E-mail _____

Effective Date (for office use) _____

Please enroll me in the Redwood Dental Plan. I understand services will be provided as described in this brochure. I agree to pay now for the next 12 months of membership. I understand that any balance past due 60 days voids this agreement.

Signature _____ Date _____

Covered Dependents

Spouse _____
Last Middle First

Social Security # _____

Children
Name Date of Birth

Types of Enrollment (Check one)

Single member \$59.00

Each additional member \$49.00

(Spouse or children under 18)

(_____ members x \$49 per member) \$ _____

Total \$ _____

I've enclosed a check payable to Redwood Dental Group

Please bill the fee to my

Visa MasterCard Discover American Express

Account Number _____

Exp. Date _____

Send membership renewal with payment to the Redwood Dental Group where you are a patient. Thank You

The details ...

Eligibility Anyone not covered by dental insurance is eligible. You can register as an individual or a family, which may include children under the age of 18. (People 18 and older must apply as adults.) No pre-existing conditions will prevent membership.

Annual Costs

Single member \$59.00

Each additional member \$49.00

(Spouse or children under 18)

You will be billed yearly for continuous coverage.

Orthodontics The plan features discounts of up to 10% on orthodontics after enrollment in the program.

Enrollment To join, fill out the enrollment card on the back of this page. Membership begins the day your payment is received.



Redwood
Dental Group