

# David Roach Family Dentistry, PC



## Dental Discount Savings Plan Application

Please circle one:                      Single Plan    Dual Plan    Family Plan

Please PRINT clearly and answer all questions or indicate "not applicable"

### Applicant Profile

**Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Driver's License#:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

### Spouse's Profile

**Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Driver's License#:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**YOUR CHILDREN:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for taking advantage of our savings program. We are looking forward to providing you affordability and greater access to quality dental care. We gladly accept enrollment over the phone or you may mail this completed application with the credit card info to:

David Roach Family Dentistry, PC

3817 Bedford Ave. Suite 130

Nashville, TN 37215

615-383-7801

Make checks payable to: David Roach Family Dentistry, PC

**\*\*The selected dental plan will auto renew every year on the anniversary date. There is a 5% discount for renewing. The credit card number given below will be charged the renewal fee.**

**Credit Card Number:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

**Billing Zipcode:** \_\_\_\_\_ **V code:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please circle card type:**            **Visa**            **Mastercard**