

ENROLLMENT FORM

SUKONECK & WILSON, P.C. PREMIER DENTAL SAVINGS PLAN

ENROLLMENT FEES – CIRCLE ONE

		DATE OF ENROLLMENT
Individual	\$249	_____
Family of 2	\$449	_____
Family of 3	\$599	_____
Family of 4	\$699	_____
Each additional child (under 18)	\$100	_____

Print Name _____ Telephone () ____-_____

E-mail address _____

Signature _____ Date _____

Names of family members and dates of birth

1- _____ 2- _____

3- _____ 4- _____

5- _____

To enroll, simply fill out this form and mail it to our office, bring it to our office, e-mail it to: smilephiladelphian.com, or fax it to 215-765-7334. Then, call our office and our staff can process your application immediately. You will need to pay in full by check or credit card.

Sukoneck & Wilson, P.C. reserves the right to refuse treatment and/or terminate this membership without notice or refund if the member's account becomes delinquent at any time or if the patient is noncompliant.