

ENROLLMENT FORM

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

ENROLLMENT FEES – CIRCLE ONE

		DATE OF ENROLLMENT
Individual	\$308	_____
Family of 2	\$518	_____
Family of 3	\$668	_____
Family of 4	\$778	_____
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.