

ENROLLMENT FORM

Richard Wilson DMD, P.C. PREMIER DENTAL SAVINGS PROGRAM

ENROLLMENT FEES – CIRCLE ONE

		DATE OF ENROLLMENT
Individual	\$432	_____
Family of 2	\$754	_____
Family of 3	\$936	_____
Family of 4	\$1,087	_____
Each additional child (under 18)	\$135	_____

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.

Ricahrd Wilson DMD, 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.