



Membership Plan Application

Adult (Preventive Plan) ___ Child (Preventive Plan) ___ Adult (Perio Maintenance Plan) ___

Member Information:

Last Name _____ First Name _____ MI _____

Date of Birth ___/___/_____ Gender M / F Last 4 Digits of SSN _____

Street Address _____ City _____

State _____ ZIP Code _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

Email _____

List of Covered Dependents:

Name	Date of Birth	Gender M / F

Member's Signature (Parent/Guardian if minor) _____ Date ___/___/_____

THIS MEMBERSHIP PLAN IS NOT INSURANCE, NOR CAN IT BE USED IN PLACE OF OR IN COMBINATION WITH TREATMENT ALREADY COVERED BY INSURANCE! THE PLAN COVERS ALL SERVICES PROVIDED AT BASIN DENTAL SUITE ONLY AND DOES NOT INCLUDE ANY SERVICES RENDERED TO PATIENT AT ANY OTHER LOCATION.