

ENROLL TODAY!

DOUGLAS H. HOWE, DDS IN-OFFICE DENTAL PLAN APPLICATION

Name _____

Address _____

Phone Number _____

Email _____

Enrollment Period Start: _____ Ends: _____

Annual Membership is \$380.00 Monthly \$35.00 2nd person in family \$30.00

Credit Card Information:

Name on the Card _____

Card Number _____

Security Number on the back of the Card: _____

Card Expires on _____

Run payment on the _____ 5th of the month _____ 20th of the month

Individual Benefits Include: Two routine exams, two cleaning and necessary x-rays, as well as 25% discount on all services rendered.

By signing below, I understand and agree to the terms of this plan and acknowledge that this In-Office Dental Plan is not an insurance and cannot be used in any other dental office.

Signature

Date

Douglas H. Howe reserves the right to terminate this plan in good faith before the expiration of the contract.