



# Pure Dental Savings Plan Application

Member's Name		Date	
Address			
City		State	zip
Home Phone		Business Phone	
Patient SS#		Date of Birth	

### Names of persons covered in addition to member:

Name	Relationship	Date of Birth	Social security #

How did you hear of this plan?  Pennysaver  Friend  Mailing  Dear Dr.  Office Brochure  Staff Member  Dentist  Other

If friend referred you, may we ask whom?

## Plan Options

### One Year Plan

- Individual Plan: \$240
- Individual + 1 Plan: \$360
- Each Child: \$ 60

### Two Year Plan Special!

**Buy 1 year and purchase the second at half price.**

- Individual Plan: \$360
- Individual + 1 Plan: \$540
- Each Child: \$ 90

Witness

Policy holder

Please note: once paid, the above Fox Dental yearly Dental Plan membership fee is non-refundable upon the expiration of three (3) business days from the date of the application. If you wish to rescind your membership during said (3) days period you must contact our office in person or at telephone number 631-929-5855 during regular business hours and notify our bookkeeping department of your decision. If you have received dental services within the (3) days rescision period and decide to cancel your plan membership, you will be responsible to pay for the customary cost of all services rendered. **Must be paid in full (by cash or check only) at time of purchase.** Please make check payable to Pure Dental.

