

ENROLLMENT FORM

Last Name	First Name	Middle Name
Home Address		Apartment #
City	State	Zip Code
Home Phone	Work Phone	Email Address
Date of Birth	Name of Employer	

LIST OF COVERED DEPENDENTS		
NAME	BIRTH DATE	RELATIONSHIP TO MEMBER

PAYMENT INFORMATION	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	
CARD # _____	EXP. DATE _____
_____ SIGNATURE (REQUIRED)	_____ DATE

I wish to enroll in the iDeal Smile Care Membership Plan. I understand that this contract is for twelve (12) months. I am bound by that membership for the period stated. This contract is not transferable to any other person or family member. All fees are non-refundable. This contract does not constitute a plan of insurance or indemnification. The plan is not responsible for any payments to my chosen dental service providers. I alone am financially responsible for all payments. I acknowledge I am responsible for knowing the charges to be made for any service requested. The plan is not an employee or agent of any dental service providers. As a material condition of this contract of membership I hereby agree to release the plan from any liability to me and my dependents from any actions to liabilities arising in connection with the providing of any services by any dental service provider whether referred under the plan or otherwise. All questions of the members regarding the plan should be directed to the iDeal Dentistry staff. The plan shall have the right and option to terminate this agreement: at any time. I acknowledge that iDeal Dentistry may terminate this agreement at any time for any reason for no reason. In the event of such a termination, any fees paid shall be returned pro-rated to me. In all events, iDeal Dentistry shall not have liability to me and/or my dependents in excess of the amount of membership fees I have paid to iDeal Dentistry in the preceding twelve months. The UCE and Fee schedule for dental procedures listed are subject to change without notice.

_____ SIGNATURE (REQUIRED)	_____ DATE
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