BOWLING
Family Dentistry
keep your smile forever

Bowling Family Dentistry Membership Application

Choose your plan: ☐ Individual $359 ☐ Dual $659 ☐ Family $959

Type: ☐ New Member ☐ Renewal

PATIENT INFORMATION

Last Name:_____ First Name:_____ Middle Initial:_____

Gender: M / F Date of Birth:_____ SSN:_____ Driver's License #:_____ Married: Y / N

Street Address:_____ City:_____ State:_____ Zip:_____

Email:_____ Home Phone:_____ Cell Phone:_____ Text Reminders: Y / N

SPOUSE'S PROFILE (If choosing Dual or Family Plan)

Last Name:_____ First Name:_____ Middle Initial:_____

Gender: M / F Date of Birth:_____ SSN:_____ Driver's License #:_____ Married: Y / N

Street Address:_____ City:_____ State:_____ Zip:_____

Email:_____ Home Phone:_____ Cell Phone:_____ Text Reminders: Y / N

FAMILY'S PROFILE (If choosing Family Plan)

Name:_____ Gender: M / F Date of Birth:_____ SSN:_____

Name:_____ Gender: M / F Date of Birth:_____ SSN:_____

Name:_____ Gender: M / F Date of Birth:_____ SSN:_____

Acknowledgements: Annual membership includes 2 cleaning procedures, all exams, routine x-rays and fluoride treatment. Panoramic x-rays and additional x-rays for emergency diagnosis, as well as additional cleanings are subject to normal fees but are eligible for the membership discount. Membership discount is a flat 20% discount on all other treatment including cosmetic procedures and orthodontic treatment. Membership cannot be combined with senior discount or any other offer.

Payment in full is due at the time of enrollment. Membership is valid for 1 calendar year from the date of enrollment. A renewal of membership is required to maintain member benefits. Each annual membership will include preventive & diagnostic services as described above.

Full payment for procedures is due at the time of service. In order to make your care affordable, payment arrangements can be made in the form of a credit or debit card on file, if necessary. Reasonable arrangements will be made and your card will be automatically charged a set amount monthly. The amount will depend on the treatment that you need. Please notify us right away if your credit/debit card information changes. Accounts with amounts past due for 3 months without payment will be sent to collections.

Guarantee of Services: We stand behind our services. All treatment rendered is covered for a 5 year period after the date of service. If your treatment needs replacement before 5 years from the date of service, it will be redone at no cost to you. In order to qualify for this guarantee, patients must: 1) receive two cleaning and exam procedures each year, 2) demonstrate reasonable home care, and 3) follow through with any related procedures. The guarantee extends past the year of membership even if you do not continue to enroll in the membership program; however, the semi-annual cleanings are still required.

Member Signature: _____ Date:_____