

North Point Dental Associates (NPDA)

DENTAL SAVINGS PLAN APPLICATION

Effective Date: _____

Last Name: _____ First Name _____ MI _____

Home Address _____ Date of Birth _____

City _____ State _____ Zip _____

Covered plan members:

Name	Birth Date	Relationship	Cost per Member
(A) Member			
(B)			
(C)			
(D)			

Traditional Plan

Initial Family Member: \$297

Each Addt'l Family Member: \$246

Payment Method

Cash

Debit/Credit Card # _____ Exp Date _____ CVC _____

Care Credit (12 monthly payments upon approval).

By signing below, I acknowledge that I have read the brochure and understand the plan details and limitations.

Signature _____ Date _____

(signature of plan holder)

DSP Credit Card Auto-Renewal Program

Sign up now and save 5% off next year's premium and lock in this year's fee and avoid any future price increases.

I authorize North Point Dental Associates (NPDA) to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the discount plan. NPDA will notify me when the plan is renewed for my records*. If I choose to discontinue participating in the discount plan, I will notify NPDA one month prior to my anniversary renewal date.

Signature _____ Date _____ (signature of plan holder & date)

*Annual fee is required at enrollment and is non-refundable. NPDA reserves the right to modify, change, or discontinue the NPDA Dental Plan, fees, terms, and services at the company's option upon written notice from NPDA prior to your anniversary renewal date.