



Date _____

POPE FAMILY DENTISTRY MEMBERSHIP PLAN APPLICATION/RENEWAL

Applicant Information

Member's Name _____ SSN _____

Home Address _____

Cell/Home Phone _____ Email _____

Dependent Information

Name	Relationship	Date of Birth	Age

Plan Details

\$325 annual membership fee for first family member. \$275 for each additional dependent 13 years old and above. \$200 for each dependent 12 years old and below. Membership includes 2 regular dental cleanings and exams, all needed x-rays at cleaning appointments, and one fluoride per year, for each member. Also 20% off all in-office procedures (excluding Invisalign, esthetic injectables, and any whitening procedures).

Disclaimer 1: Any procedures not customarily performed at Pope Family Dentistry, or any procedure the doctors determine need to be referred to a specialist (i.e. most root canals, advanced periodontal treatment, impacted wisdom tooth extractions, etc...) will be subject to the specialist's full fee. This is **not** an insurance plan.

Disclaimer 2: Once membership fee is paid, fee is non-refundable upon the expiration of three (3) business days. If you wish to rescind your membership during said three (3) days, you must contact our office in person or by calling 256-536-0418 during regular business hours and speaking with someone in our office. If you received dental services within the said three (3) days, and decide to cancel you membership plan, you will be responsible to pay Pope Family Dentistry's full price of services rendered during that period, AND you authorize Pope Family Dentistry to process any increased cost to your credit card.

PFD TEAM MEMBER

MEMBERSHIP APPLICANT