



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**

\$300 annual membership fee for first family member. \$250 for each additional dependent 13 years old and above. \$150 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, Xeomin, Botox, or dermal fillers, 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 speak with someone in our office. If you received dental services within the said three (3) days, and decide to cancel your 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.

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PFD TEAM MEMBER

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MEMBERSHIP APPLICANT