

## DEA DENTAL LINE REGISTRATION CONTRACT

**Additionally, I understand the following program guidelines:** a) this plan is NON-REFUNDABLE. No refunds or premiums will be issued at any time if participant decides not to utilize dental plan, b) Patient's portion of bill is due day of service unless otherwise arranged, c) Plan is a contract for services to be completed during the enrollment period and services cannot be carried over to the next year, d) a fee of \$40 will incur for each broken appointment without 2-business days notice, e) Program is not transferrable and only the person listed on this contract is allowed to use this plan and its benefits. No additional discounts may be used when using this plan. 3rd party financing may not be available for use in certain situations.

### SIGNATURES

Name of Subscriber:			
Signature of Subscriber:			
Name of Dependent (1)			
Name of Dependent (2)			
Name of Dependent (3)			
Name of Dependent (4)			
Start Date :		End Date:	

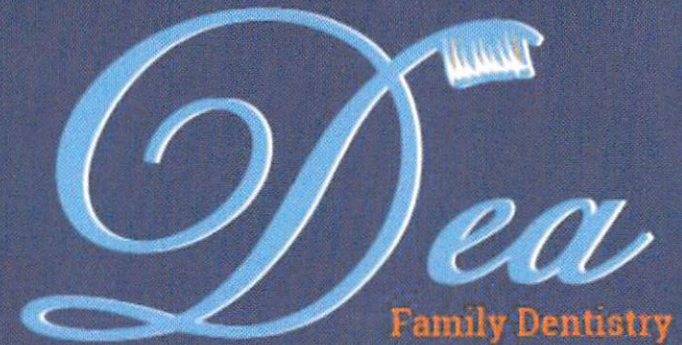
Valid for one year from date of sign-up. NO exceptions.

### Your Plan Chosen:

<b>PREVENTATIVE PLAN ADULT</b> \$280 <input type="checkbox"/>	<b>PREVENTATIVE PLAN CHILD</b> \$240 <input type="checkbox"/>	<b>PERIODONTAL CARE PLAN</b> \$350 <input type="checkbox"/>
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See a copy of your contract for guidelines

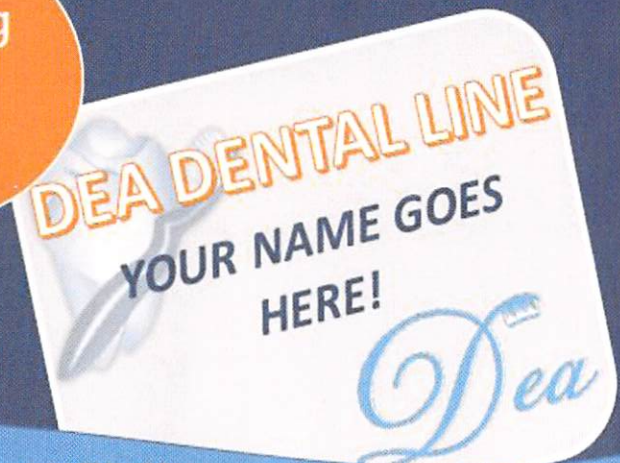
Name of Dependent (1)	
Name of Dependent (2)	
Name of Dependent (3)	
Name of Dependent (4)	



**NO INSURANCE? WE CAN HELP!**

# DEA DENTAL LINE

Starting  
at  
\$240\*



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