



**Baxter Heritage Dental**  
HEALTHY SMILES, OUR FAMILY TRADITION

## Dental Savings Plan Enrollment Form

**Enrollment Month** \_\_\_\_\_

**Please Check One:**

Adult     Adult +     Periodontal     Child (under 14)     Denture     Implant Denture

Please PRINT clearly and answer all questions or indicate “not applicable”.

**Member Information**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**I have read and understand all the terms listed for the Dental Savings Plan. I understand that this is not a dental insurance plan, but a dental membership plan that is only valid for Baxter Heritage Dental. I understand that there will be a \$95.00 reinstatement fee for lapse of coverage beyond the enrollment period.**

**Signature** \_\_\_\_\_ **Today’s Date** \_\_\_\_\_

**AUTODRAFT – Spread your enrollment fee over 12 months**

By signing below and providing payment information, I authorize Baxter Heritage Dental to charge the card listed below on the \_\_\_\_\_ day of each month for 11 consecutive months.

Failure of payment will result in termination of the Dental Savings Plan. A \$95 re-instatement fee will be required to re-enroll. After 2 instances of auto-draft not going through, we reserve the right to require payment in full for DSP.

**Payment Information Type** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **CVV Code** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Today’s Date** \_\_\_\_\_