Dental Discount Plan Application

☐ Single **$300** ☐ Couple **$435** ☐ Family **$749*** #_____ Additional Family Members at **$200/year**

(Note: all amounts above are annual pricing and are subject to the initial one-time sign-up fee of $9.99 per application.)

**Family Plan includes up to 6 members (unmarried children only)*

OFFICE NAME: _____

SUBSCRIBER INFORMATION

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

DOB: _____/_____/_____ **GENDER: M / F** **SS# (LAST 4 DIGITS):** _____

ADDRESS/PO BOX: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PRIMARY CONTACT#: ( ) _____ **EMAIL:** _____

LIST OF COVERED DEPENDENTS *(including Subscriber)*:

NAME	DATE OF BIRTH	GENDER	OFFICE NAME
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	

Enrollment may be completed by:

Online – fill out form on www.mysignaturesmiles.com;

Email - (send completed form to): discountplan@mysignaturesmiles.com;

In-Person - at any of our conveniently located offices. To find one near you, please visit our website at: www.mysignaturesmiles.com;

Or by Mail (send completed form to):
Signature Smiles Discount Dental Plan
Attn: Plan Administrator
2400 Farm to Market Rd 1488 #200, Conroe, TX 77384

TOTAL PAYMENT AMOUNT $ ☐

☐ Cash Check#_____

☐ Credit Card #_____

Expiration Date: ___/___ CVV ____ Type_____

I understand the discounts and services provided with this plan, acknowledge all information is correct and payment for services is due day of treatment. I understand that by signing this form I give authorization to charge my credit card for the above referenced enrollment fee.

Subscriber's Signature (Guardian's signature if minor): _____ Date: ___/___/____

THIS PLAN IS NOT INSURANCE and is not intended to replace insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. The plan provides discounts at certain health care providers for dental services. The range of discounts will vary depending on the type of service. The plan does not make payments directly to the providers of dental services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization, in accordance with the specific pre-negotiated discounted fee schedule. This program does not guarantee the quality of the services or procedures offered by the providers. This program shall make available before purchase and upon request, a list of program providers, including their address and specialty. For further information, please contact:

The Dental Discount Plan Administrator
2400 Farm to Market Rd 1488 #200, Conroe, TX 77384; (936) 224-7007; www.mysignaturesmiles.com