

TOTAL DENTAL CARE

of Middle Island

No. _____

TDC DISCOUNT PLAN APPLICATION/RENEWAL

Applicant Information

Member's Name _____
First
Last
SS#
Date

Home Address _____

Home Phone _____ Business Phone _____

Email _____

Dependant Information

Name	Relationship	Date of Birth	Social Security#

How did you hear about the TDC Discount Plan?

Newspaper Radio TV Mailing Friend
Dentist Staff Member Brochure Website Google
Other _____

Plan Options

This form is for regular membership options. No special pricing or discounts may be applied.

ONE YEAR PLAN

Individual Plan	\$240/year	10% pre-pay discount available	or	\$20/month for 1 year
Couple	\$360/year	10% pre-pay discount available	or	\$30/month for 1 year
Dependant	\$60/year	10% pre-pay discount available	or	\$5/month for 1 year

TWO YEAR PLAN (GREAT VALUE)

Individual Plan	\$360/year	10% pre-pay discount available	or	\$30/month for 1 year
Couple	\$540/year	10% pre-pay discount available	or	\$45/month for 1 year
Dependant	\$90/year	10% pre-pay discount available	or	\$7.50/month for 1 year

Disclaimer: Once paid, the above Total Dental Care Plan membership fee is non-refundable upon the expiration of three (3) business days from the date of application. If you wish to rescind your membership during said (3) days period you must contact our offices in person or by calling 631-924-5969 during regular business hours and notify our bookkeeping department of your decision. If you have received dental services within the (3) days rescission period and decide to cancel your plan membership, you will be responsible to pay for the customary cost of all services rendered and you authorize TDC to process any increased cost to your credit card.

WITNESS

POLICY HOLDER

