

# TOTAL DENTAL CARE

of Middle Island

No. \_\_\_\_\_

## TDC DISCOUNT PLAN APPLICATION/RENEWAL

### Small Business/Group Discount

#### 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

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

#### TWO YEAR PLAN (GREAT VALUE)

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

**TDC**  
**TOTAL DENTAL CARE**  
of Middle Island

No. \_\_\_\_\_

**TDC DISCOUNT PLAN APPLICATION/RENEWAL**

**Small Business/Group Discount**  
**Business/Group Information**

Business/Group Name \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Contact \_\_\_\_\_

Email \_\_\_\_\_

**Group Discounts**

10 people or more	10% off membership fees
20 people or more	20% off membership fees
30 people or more	30% off membership fees
40 people or more	40% off membership fees
50 people or more	50% off membership fees
60 people or more	60% off membership fees
70 people or more	70% off membership fees
80 people or more	80% off membership fees
90 people or more	90% off membership fees
100 people or more	100% off membership fees

**Business/Group Guidelines**

Membership applications must be attached for all members and submitted at the same time. Any applications submitted separately will not be accepted or permitted to count towards discounted rates as outlined in the above section. By signing this form, the business contact and all individual applicants guarantee that they are active members/employees of the above named business/group. Only current/active members/employees and dependants may apply for a group discount. If membership/employment terminate during TDC plan membership period, benefits will remain active until plan expires. Upon renewal, the terminated member/employee would have to enroll on an individual basis.

\_\_\_\_\_  
Lauren K. Gale

\_\_\_\_\_  
Business Contact

\_\_\_\_\_  
Practice Administrator  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date