

TOTAL DENTAL CARE

of Middle Island

TDC PLAN APPLICATION

Applicant Information

Member's Name: _____ Date: _____
First *Last*

Home Address _____

Home Phone: _____ Cell Phone: _____

Name(s) of persons covered in addition to member

Name	Relationship	Date Of Birth

How did you hear of this plan? _____

Plan Options

- INDIVIDUAL PLAN** \$99
- COUPLE** \$125
- EACH CHILD UNDER 21** \$10

Please note: Once paid, the above Total Dental Care yearly Dental 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 at telephone # (631) 924-8155 during regular business hours. 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