



New Application
Renewal Application
current plan expires ___/___/___

Club Member Application

Single \$269 Dual \$479 Family \$825* # _____ Additional Family Members at \$125 each

*Family Plan includes up to 4 members (Unmarried Children)

Office Name _____

Subscriber

Last Name _____ First Name _____ MI _____

DOB ___/___/___ Gender M F SS (Last 4 Digits) _____

Address / PO Box _____ City _____

State _____ ZIP code _____ Primary Contact Phone # (_____) _____

Cell Phone # (_____) _____ Email _____

Which is your preferred method of communication for renewal membership? Cell Phone Email Mail

List Covered Dependents

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

Enrollment may be completed by phone.
Please call 888.380.0399

Or In Person at any of our conveniently located offices.
To find one near you visit our website:
www.MortensonDental.com

Or by Mail:
Mortenson Family Dental
Dental Discount Plan Administrator
P.O. Box 436869 · Louisville, KY 40253

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, P.O. Box 436869 Louisville, KY 40253; 888.380.0399 www.MortensonDental.com