Dr. Maria's
EAST COLONIAL
Dental Group

In-Office Dental Savings Application

PRINT CLEARLY IN BLACK INK AND ANSWER ALL QUESTIONS OR INDICATE "NOT APPLICABLE"

Primary Profile:			
Name:	SSN:		
Address:			
City:	County:	State:	Zip:
Home Phone Number:	Cell Phone Number:		
E-mail Address:			

Secondary Profile			
Name:	SSN:		
Address:			
City:	County:	State:	Zip:
Home Phone Number:	Cell Phone Number:		
E-mail Address:			

Children:			
Name:	D.O.B:	Full time Student:	Y/N
Name:	D.O.B:	Full time Student:	Y/N
Name:	D.O.B:	Full time Student:	Y/N
Name:	D.O.B:	Full time Student:	Y/N

Basic Plan:	Annual	Monthly
Individual:	$ 240.00	$ 20.00
Dual: (2)	$ 480.00	$ 40.00
Family: (4)	$ 960.00	$ 80.00

Periodontal Plan:	Annual	Monthly
Individual:	$ 540.00	$ 45.00

Payment Method:					
1. Check: One Time Payment - (make checks payable to East Colonial Dental)					
2. Credt Card: Monthly Payment	(Your card will be charged on the first business day of the month)				
Credit Card Number:					
Exp. Date:	Zip Code:	Visa	Amex	MC	Disc
Signature:		Date:			

I understand that if my transaction is declined and I cannot produce payment on said date then I will incur a $10 charge and plan gets terminated immediately.

Please Indicate which plan you will be purchasing:	
Signature:	Date

Please mail completed application with indicated payment to:

Dr. Maria's East Colonial Dental Group
4401 East Colonial Dr. Ste. 108
Orlando, FL 32803