

LILLY FAMILY DENTISTRY  
DENTAL SAVINGS PLAN APPLICATION

DSP card sent: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Covered plan members:

Name	Birth Date	Relationship	Cost per Member
		(A) Member	
		(B)	
		(C)	
		(D)	

**Traditional Plan**

Initial Family Member: \$297

Each Addt'l Family Member: \$246

**Maintenance Plan**

Initial Family Member: \$460

Each Addt'l Family Member: \$382

Payment Method

Check

Cash

Debit/Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC \_\_\_\_\_

Care Credit (12 monthly payments upon approval). An additional 13% administrative fee will be applied if using Care Credit.

By signing below, I acknowledge that I have read the brochure and understand the plan details and limitations.

Signature \_\_\_\_\_

(signature of plan holder)

Date \_\_\_\_\_

***You will receive a membership card in the mail shortly after you sign up. Please bring this card with you to your appointments so it can be punched.***

***DSP Credit Card Auto-Renewal Program***

**Sign up now and save 5% off next year's premium and lock in this year's fee and avoid any future price increases.**

I authorize Lilly Family Dentistry to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the discount Plan. Lilly Family Dentistry will notify me when the plan is renewed for my records\*. If I choose to discontinue participating in the discount plan, I will notify Lilly Family Dentistry one month prior to my anniversary renewal date.

Signature \_\_\_\_\_

(signature of plan holder)

Date \_\_\_\_\_

\*Annual fee is required at enrollment and is non-refundable. Lilly Family Dentistry reserves the right to modify, change, or discontinue the LFD Dental Plan, fees, terms, and services at the company's option upon written notice from LFD prior to your anniversary renewal date.