

**Millennium Dental Savings Plan (MDS)
Membership Subscription****APPLICANT INFORMATION (\$399 FOR SELF)**

Primary Member's Full Name:

Date of birth: / /

Phone: () -

IF SPOUSE IS APPLYING (\$349 FOR ADDING SPOUSE)

Spouse's Full Name:

Date of birth: / /

Phone: () -

IF ADDING CHILDREN TO THE PLAN (\$299 PER CHILD)

Name of Children

Age:

ATTESTATION

- **Membership Benefits Include:**
 - (3) exams: full, periodic, and/or emergency, (2) simple cleanings, full set of x-rays, & (2) fluoride treatments (sum valued around **\$1,150 if paying out-of-pocket**)
 - **10%** savings on basic treatment (fillings, extractions, etc)
 - **20%** savings on major treatment (crowns, dentures, root canals, deep cleanings)
 - **\$100** courtesy towards deep cleanings known as "SRP" (if applicable)
- Requesting payment in full at beginning of membership.
- I am aware that the Millennium Dental Savings Plan is for a fiscal 12-month cycle at time of application and that a partial or full refund cannot be issued once utilized.
- I am applying for the Central Point Family Dentistry's **Millennium Dental Savings Plan**. If applicable, my spouse is aware that he or she is signing up for these benefits as well.
- I confirm that the above information is true and correct to the best of my knowledge.

Adult Member signature: _____

Date: ____ / ____ / ____