## Eagle Lake Dental Savings Program

## Patient Enrollment Form

Please fill out the information below and return with your enrollment payment.

| It is that easy to start saving on all yo | ome packet and call to set up an appointment.<br>our dental care needs! Please contact us with |
|---|--|
| any questions at 507-257-3800.            |  |
| Individual \$99 for 1 ye                  | ar   |
| Family (up to 5 people)                   | \$199 for 1 year   |
| Family is considered a                    | n individual, spouse, children or legal dependents   |
| Name                                      | Date of Birth  |
| Family Members to be included on Pla      | an:  |
| Name                                      | Date of Birth  |
| Home Phone                                | Cell Phone   |

| Signature | Date |
|-----------|------|
|           |      |
|           |      |
|           |      |

Address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_ Email\_\_\_\_\_

Name & Address of Previous Dentist

I have read and agree to the terms of the Eagle Lake Dentistry Savings Plan:

This dental savings plan is only good toward savings at Eagle Lake Family Dentistry and cannot be used in conjunction with dental insurance, other dental benefits, CareCredit, or any other discounts, coupons or promotions. Full payment is due the day of service to receive discount. Discount is valid 1 year from date of enrollment. Eagle Lake Family Dentistry has the right to discontinue this program at any time.

Please send form to:

Eagle Lake Family Dentistry

104 Plainview St, PO Box 97 ● Eagle Lake, MN 56024

Or Fax to: 507-257-3456