

## Enrollment Application for In-House Dental Plan 2021

**Name** \_\_\_\_\_  
*Last*
*First*
*Middle*

**Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone** \_\_\_\_\_  
*Home*
*Cell*

**Date of Birth** \_\_\_\_\_

**Email** \_\_\_\_\_

**Dependents**

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Enrollment Fee**

<b>Single Member</b>	<b>\$320.00</b>	
<b>Additional Member(s)</b>	<b>\$300.00 (each)</b>	<b>TOTAL =</b> _____

Effective Date - \_\_\_\_\_ Renewal Date - \_\_\_\_\_

I, \_\_\_\_\_ do hereby understand the policies and limitations of the **King of Prussia Dental Associates In-House Dental Plan**. Furthermore, I understand the office policies of King of Prussia Dental Associates and agree to them.