Lillington Family Dentistry
205 West Front St.
Lillington, NC 27546
910- 984-1556 office
910-984-1557 fax

Lillington Family Dentistry

Dr. Taylor-Andemichael, DDS

In-House Dental Savings Plan Enrollment Form

Subscriber Name: _____
SSN _____-_____-_____ DOB: ____ /____ /____
Phone: _____ Email: _____

Home Adress: _____
City/State/ZIP _____

Additional Family Members:

First/Last Name: _____
Date of Birth: _____/_____/_____ Age: _____ spouse/child/other (circle one)

First/Last Name: _____
Date of Birth: _____/_____/_____ Age: _____ spouse/child/other (circle one)

Plan Cost:
Individual Member: $_____

2nd Family Member: $_____

3rd Family Member: $_____

Total Annual Cost: $_____

Applicant's signature: _____ Date: _____

Payment type: (Circle one)

Check Cash Credit Card: AMEX Discover Visa MC (Circle one)

Account Number: _____
Zip Code: _____ EXP date: _____ CVR Code: _____

Cardholder Signature: _____ Date: _____