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

Sign up now and start saving today!

Subscriber First Name_____

Last Name_____ Date of Birth____/____/_____
S.S.#_____-____-_____

Home Address_____
_____

City State Zip _____

Phone_____E-mail_____

Additional Family Members:

First and Last Name_____

Date of Birth____/____/_____ Age_____ spouse/child/other (circle one)

First and Last Name_____

Date of Birth____/____/_____ Age_____ spouse/child/other (circle one)

First and Last Name_____

Date of Birth____/____/_____ Age_____ spouse/child/other (circle one)

First and Last Name_____

Date of Birth____/____/_____ Age_____ spouse/child/other (circle one)

Plan Cost:

Individual Member : $_____

2nd Family Member: $_____

3rd Family Member: $_____

4th Family Member: $_____

5th Family Member: $_____

Total Annual Cost: $_____

Applicant's signature_____

Payment type:

Check _____

Credit Card:

AMEX Discover Visa MC

Card Number_____

Zip Code for Card holder_____EXP Date:_____CVR Code: _____

Cardholder Signature_____