

No insurance? No problem!
Bel Air Dental Care is proud to offer
an annual Membership Plan.



BEL AIR
DENTAL CARE

Please ask our team for details...

Bel Air Dental Care Membership Plan Registration



Member:

Last Name	First	Middle Initial
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DOB: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Registration Date: _____

Signature: _____

Please note: Annual premiums are non-refundable and will be collected in full on the day of registration. Membership is good for one year from registration date. Renewals will be collected in full at the first visit following the membership year end date. Patients are responsible for scheduling and keeping appointments. Payment is due in full at the time of service for dental services not covered under this plan. The plan cannot be used to supplement participating dental insurance plans. Care Credit cannot be used to pay annual premium.

Additional Member:

Last Name

First

Middle Initial

DOB: ____/____/____

Additional Member:

Last Name

First

Middle Initial

DOB: ____/____/____

Additional Member:

Last Name

First

Middle Initial

DOB: ____/____/____

Additional Member:

Last Name

First

Middle Initial

DOB: ____/____/____