



2976 Summit St. Suite 201 - Oakland, CA 94609

**www.DNamDental.com**

**(510) 451-8315**

**Enrollment Application for Healthy Smiles Program**

*\*This is not an application for dental insurance\**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Apt #

\_\_\_\_\_ City State Zip Code

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Family Members**

Name: \_\_\_\_\_ DOB/Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fees**

**Single Members - \$300**

Number: **1 at \$300** SubTotal: **\$300**

Additional Members:

**Spouse/Partner - \$200**

x \$200 \$ \_\_\_\_\_

**Dependents 26 and Under - \$200**

x \$200 \$ \_\_\_\_\_

*\*Up to 5 total family members*

**Total Due: \$ \_\_\_\_\_**

*Please make checks should be payable to Dr. Nam DDS, Inc.*

**I acknowledge that I have received and understand the policies and exclusions for this In-Office Dental Plan. This is not an insurance policy; it is a discount plan exclusive to Dr. Nam's office located at 2976 Summit St. Suite 201, Oakland, CA 94609.**

\_\_\_\_\_  
Print/Sign

\_\_\_\_\_  
Date

**Office Use:**

Effective Date: \_\_\_\_\_

Renewal Date: \_\_\_\_\_