



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: _____