Daniel Nam, DDS & Amy Blake, DDS
2976 Summit St. Suite 201 - Oakland, CA 94609
Tel. 510.451.8315
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www.DNamDental.com

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

	Number:	SubTotal:
Single Members - $375	**1 at $375**	$__375_____
Additional Members:		
Children & Partner - $325	**x $325**	$_____
Dependents 14 and Under - $225	**x $225**	$_____
*Up to 5 total family members		
	Total Due:	$_____

Please make checks payable to Dr. Daniel 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: _____