

M. J. Reider DDS, LLC

Periodontal Membership

Application for our In-House Dental Plan

****Coverage Begins on the Day you Register****

For Office Use Only

Renewal Date:

Single Member Information:

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ SSN _____

Second Member Information:

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ SSN _____

Periodontal Membership Dues:

Individual: *Annual \$900/yr.

2nd Family Member: *Annual \$780/yr.

*If paying annually at day of sign-up take an extra 5% off total dues

****If paying monthly or quarterly you must sign up for our automatic billing through PayLeap**

Applicant's signature: _____ Date: _____

Payment Type:

Check _____ PayLeap (Automatic Billing) Credit Card: Visa Discover MasterCard

Card Number _____ Exp. Date _____

Zip Code for Cardholder _____

Cardholder Signature _____