

Cobblestone Dental Center QDP Registration:

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

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Employer \_\_\_\_\_

**List covered dependants:**

Start Date	Name	Birth Date	Relationship

Quality Dental Plan – Total Amount Due \_\_\_\_\_

**Payment Method:**

- Cash
- Check
- Credit Card # \_\_\_\_\_ Exp date \_\_\_\_\_

Card Type: MasterCard/Visa/Discover/American Express

Signature \_\_\_\_\_

**Please read and sign below:**

Quality Dental Plan offers significant discounts on dental services. I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the following:

Fees for dental services are due when rendered. Fees for prosthodontic (dentures) and cast restorations (crowns, inlays, onlays, veneers) are due at the preparation/impression visit. If you choose not to pay at the time of service you will be billed our usual and customary fees for such services.

Signature \_\_\_\_\_ Date \_\_\_\_\_