



Comprehensive Dental Plan

APPLICATION

NEW __ RENEWAL __

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Best Phone:
Current address:		
City:	State:	ZIP Code:
email:		
Cell phone:		

SPOUSE INFORMATION

Name:		
Date of birth:	SSN:	Best Phone:
Current address:		
City:	State:	ZIP Code:
email:		
Cell phone:		

YOUR CHILDREN (ELIGIBLE UNTIL AGE 18)

Name:		
Date of birth:	SSN:	Sex: M F
Name:		
Date of birth:	SSN:	Sex: M F
Name:		
Date of birth:	SSN:	Sex: M F
Name:		
Date of birth:	SSN:	Sex: M F
Name:		
Date of birth:	SSN:	Sex: M F

PAYMENT INFORMATION

Make checks payable to: Newman Springs Dental Care		
Credit card number:		CVV:
Expiration date:		
signature:		date:
MasterCard	Visa	Discover Amex
Single \$297.00	Dual (husband & wife or parent & child add \$290)	\$587
Additional child (each) \$257	total:	

The 12-month membership fee is due in full upon joining. Payments for service are due when services are rendered. Membership fee cannot be paid with CareCredit or any outside financing. It is the sole responsibility of the member to maximize their benefits by arranging all the appropriate appointments within the 12 month membership period. If the appointments are not used, the member will not be entitled to a refund. Updated 5/1/2017 Questions? (732)741-6444

Please mail or present completed application with appropriate payment (check or credit card) to:
Newman Springs Dental Care Comprehensive Dental Plan 539 Newman Springs Rd Lincroft, NJ 07738

Email: DentalPlan@LincroftDentist.com or fax to (732)391-4668