Negash Smiles Family &
Cosmetic Dentistry
2304 S. Miami Blvd. unit 126
Durham, NC 27703
919- 794-8500 office
919-794-8555 fax

In-House Dental Savings Plan Enrollment Form

Subscriber Name: _____
SSN _____-_____-_____ DOB: ____ /____ /____
Phone: _____ Email: _____

Home Adress: _____
City/State/ZIP _____

Additional Family Members:

First/Last Name: _____
Date of Birth: _____/_____/_____ Age: _____ spouse/child/other (circle one)

First/Last Name: _____
Date of Birth: _____/_____/_____ Age: _____ spouse/child/other (circle one)

Plan Cost:
Individual Member: $_____

2nd Family Member: $_____

3rd Family Member: $_____

Total Annual Cost: $_____

Applicant's signature: _____ Date:

_____ Payment type: (Circle one)

Check Cash Credit Card: AMEX Discover Visa MC (Circle one)

Account Number: _____
Zip Code: _____ EXP date: _____ CVR Code: _____

Cardholder Signature: _____ Date: _____