

Dr. Alan J. Binstock, D.D.S.  
571-575 Baltimore Annapolis Boulevard  
Severna Park, Maryland 21146



## Dental Savings Plan Application

### Primary Plan Holder:

Effective Date \_\_\_\_\_  
For Internal Use Only

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Birthdate \_\_\_\_\_

### Membership Type (choose one)

Single \$299     Dual \$575     Family (3) \$759     Family (4) \$925

### Additional Family Members

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Add \$110

### Payment Method (choose one)

**\*Total Amount Due** \_\_\_\_\_

Cash     Check     Credit Card   
In Office Only    Check # \_\_\_\_\_    # \_\_\_\_\_    Exp Date \_\_\_\_\_    CVC \_\_\_\_\_

### Auto Renewal Program: Sign up now and save 5% off next year's premium!

I, \_\_\_\_\_, authorize Alan J. Binstock, DDS to charge my credit card each year upon my anniversary date to automatically renew my membership in the Dental Savings Plan. If I choose to discontinue, I agree to notify the office of Dr. Alan J. Binstock, DDS 30 days prior to the anniversary renewal date.

By signing below, I acknowledge that I have read the Dental Savings Plan brochure and understand the plan details, benefits, and limitations.

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

\*Annual fee is required at enrollment and cannot be financed. Membership fees for the Dental Savings Plan are NON-REFUNDABLE. Terms, fees and services are at the company's discretion and are subject to change upon written notice from Dr. Alan J. Binstock, DDS prior your anniversary renewal date.

Phone: (410) 647-6611

[www.drbinstock.com](http://www.drbinstock.com)

Fax: (410) 647-6656