

Application for the Dental Wellness Plan

Enrollment Instructions:

Complete the following application for membership and return it with the first month's membership fees to:

Nicollet Station Dental
510 Marquette Ave South Suite 100
Minneapolis MN 55402
Tel 612-338-5557 Fax 612-373-0602
Email to: info@nicolletstationdental.com

Primary Member Information:

Last Name		First Name		MI	Date Of Birth
Street Address					Apt #
City		State	Zip Code	Area Code & Phone Number	

Dependent Information: (List all eligible dependents you wish to cover below)

Last Name	First Name	MI	Relationship	Date of Birth
1				
2				
3				

Coverage Information:

Authorization for Pre-Arranged Payments

Continue current coverage:

Individual: \$21.99/mo or \$230/yr

Individual & Spouse: \$38.99/mo or \$386/yr

Family \$45.99/mo or \$510/yr (2 adults & 2 children)

Credit Card:

Visa

MasterCard

American Express

Discover

Credit card number _____

Expiration _____

____ Initial if you would like us to use the card on file for future monthly payment.

I would like to continue the Dental Wellness Plan. I also understand that the membership fees indicated above constitute acceptance for membership in the Dental Wellness Plan for the twelve (12) months beginning on the date that the application is actually received and approved. I hereby request and authorize Nicollet Station Dental to deduct the above amount. This shall remain in effect for 12 months. This is not an insurance product. Fees include a 2% Minnesota Care Tax.

X

Applicant Signature

Date

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