

All members fill out this portion completely - please print

PRIMARY MEMBER REGISTRATION (must be 18 years or older)

*Last Name _____ *First _____ MI _____

*Mailing Address _____ *Apt# _____

*City _____ *State _____ *Zip Code _____

*Phone _____ *Member Birth Date _____ *Email _____

| *List Gold Plan Dependents Spouse, children to 26 years, children over 26 years with developmental disabilities or physical handicap. | *Birth Date | *Relationship |
|--|-------------|---------------|
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| | | |

*Office Location Selected _____

***Select type of Membership & Payment**

- ANNUAL
 - Check Cash Credit/Debit card
- MONTHLY
 - Credit/Debit card
 - Bank Draft ACH - fill out right hand side of form

*Card # _____

*EXP _____ **CVC # _____

*** 3 digits on back of card or 4 digits on front of AMEX.**

All Gold Plan memberships paid by credit or debit card, ACH bank draft will be automatically renewed every year. You may opt out of the auto-renewal by sending a request by mail, fax or email. All requests must be received at least 30 days before your renewal date. Memberships paid by cash or check do not auto-renew.

I understand the benefits, limitations, exclusions and requirements of the Plan and I agree to the following: **I will remain in the plan and pay membership fees for 12 months.** Where permitted by law, payment of less than 12 months' membership fees may result in my being charged usual and customary fees for all services (including those already provided) and my being charged remaining months' fees in lump sum. Fees for dental services are due to the dentist as services are rendered. Fees for prosthodontic and cast restoration services are due to the dentist at the preparation/impression visit. Failure to comply may result in my being charged usual and customary fees for such services. I agree to pay any and all costs in collecting all charges, including but not limited to attorney fees and court costs. Membership must be continuous. Missing monthly payments must be made up for interrupted membership.

*Signature (Required) _____

*Date _____

For a complete list of terms, conditions and exclusions please go to comfortdental.com/comfort-dental-gold-plan.html

TERMS AND CONDITIONS OF AUTHORIZATION TO HONOR DEBITS

Drawn by and Payable to Comfort Dental Gold Plan.
 1. The member enrolling in the Gold Plan hereby lists and authorizes his/her bank to pay and charge to his/her account, checks drawn by and payable to Comfort Dental Gold Plan, Lakewood, CO, provided there are sufficient collectable funds in said account to pay the same upon presentation. The member agrees that his/her bank's responsibility in respect to each such check shall be the same as if it were a check drawn on his/her bank and paid personally by him/her. **This authority is to remain in effect until revoked by him/her in writing, member's bank shall be fully protected in paying such check.**
 2. He/she further agrees that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, his/her bank shall be under no liability whatsoever even though said dishonor results in the suspension of his/her membership.
 3. To the Bank named, it is agreed that you may comply with the depositor's request, this Company agrees: a) To indemnify you and hold you harmless from any loss you may suffer as a consequence of further actions resulting from or in connection with the execution and issuance of any check, draft or letter, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith. b) In the event that any such check, draft or order shall be dishonored whether with or without cause, or whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a suspension of membership. c) To defend at your own cost and expense any action which might be brought by any depositor or any other persons because of your actions when pursuant to the foregoing request, or in any manner arising by reasons of your participation in the foregoing plan of statement of collection.
 4. Member hereby agrees that payments will be withdrawn on the first day of the month, however, on your renewal month the first and last month's payment will be charged.

Authorization to Honor debits drawn by and payable to COMFORT DENTAL GOLD MEMBERSHIP PLAN

*Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

*Checking _____ *Savings _____

*Acct.# _____ *Routing # _____

***** Please include voided check from account to be drafted *****

I authorize you to pay and charge my bank account checks drawn by and payable to the order of Comfort Dental Gold Plan, Lakewood, CO and agree to remain in the Plan a minimum of one year. Less than one-year membership may result in my being billed usual and customary fees. **Cancelation of banking must be done in writing 30 days prior to end of 12 month term.**

*Signature (**Required**) _____

*Date: _____

**Mail this form to: Comfort Dental Gold Plan
2540 Kipling Street Lakewood, CO 80215**