



Ronald Ames D.M.D., Lance Martin D.M.D., Jon Owen, D.M.D.

Membership Application

Member Name: _____ DOB: _____

Mailing Address: _____

Home Phone #: _____

Mobile Phone #: _____

Work Phone#: _____

Email Address: _____

DEPENDENTS / PLAN MEMBERS

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

PLAN SELECTED

Membership Plan: _____ Start date: _____

Spring Valley's Membership Plan is a one-year agreement, offering you many of the benefits of an insurance plan, at a fraction of the cost. The plans are in-house dental plans, so you can simply call us with any questions. These plans are not insurance and are not construed or considered to be dental insurance. These plans are administered by and can only be used at Spring Valley. The plan is effective on the date on which the full plan payment is received and will expire on the day before the anniversary date. Plans must be renewed annually by contacting our office prior to renewal date. Plan discounts are given when services are paid in full at time of service. It will be the patients' responsibility to maximize their benefits by scheduling and meeting all appropriate appointments during the 12-month plan period. Patients will not be refunded in all or part for unused benefits, nor do benefits roll over to the next year. This plan cannot be used in conjunction with any dental insurance, for injuries covered under Workman's Compensation or automobile medical insurance, plans will not cover any dental issue that needs to be referred to a specialist. With my signature below, I agree to all plan details and to pay all plan fees.

Signature: _____ Date: _____ SVDGRep: _____