Smiles 360
DENTAL SAVINGS CLUB

☐ New Application
☐ Renewal Application

Membership Application

☐ Single Adult $299 ☐ Dual Adult $499 ☐ Youth $199 (20 and under) # _____ additional youth at $149 each

Practice Name _____

Subscriber

Last Name _____ First Name _____ MI _____

DOB ___/___/_____ Gender ☐M ☐F SSN (Last 4 Digits) _____

Address / PO Box _____ City _____

State _____ ZIP code _____ Primary Contact Phone # (_____) _____

Cell Phone # (_____) _____ Email _____

List Covered Dependents

NAME	DATE OF BIRTH	GENDER	PRACTICE NAME (if different)
	___/___/____	☐M ☐F	
	___/___/____	☐M ☐F	
	___/___/____	☐M ☐F	
	___/___/____	☐M ☐F	
	___/___/____	☐M ☐F	

Please mail your completed application to the address listed below or email to smiles360@mdpweb.net.

Smiles360
Smiles360 Plan Administrator
P.O. Box 436869 · Louisville, KY 40253

You can also complete your enrollment form by calling (888) 380-0399 or at any of our locations.

TOTAL PAYMENT AMOUNT $ _____

☐ Check # _____

☐ Credit Card # _____

Expiration Date ___/_____ CVV _____ Type _____

I understand the discounts and services provided with this plan, acknowledge all information is correct and payment for services is due day of treatment. I understand that by signing this form I give authorization to charge my credit card for the above referenced enrollment fee.

Subscriber's Signature (Guardian's signature if minor) _____ Date ___/___/_____

THIS PLAN IS NOT INSURANCE and cannot be used in combination with insurance. It provides discounts for dental services rendered by the plan providers. It does not pay the plan providers. The plan member is responsible for payment of dental services minus the discount. A list of participating providers, including their address and specialty, is available before purchase and upon request by contacting Smiles360 Plan Administrator at 10300 Linn Station Road, Louisville, KY 40223 or by calling toll-free 1 (888) 380-0399.