

Enrollment Form Below

Enrollment fees are for one full year!

To Enroll

- 1) Fill out the enrollment form below
- 2) Choose a **GENERAL** dentist office from the list of providers or go to www.crowndentalplan.com for a list of the most current providers. Specialists can not be listed as your general dentist.
- 3) Mail the enrollment form with payment to:

Crown Dental Plan

**1237 S Val Vista Dr.
Mesa, AZ 85204**

(480) 964-7449

Crown Dental Plan Enrollment Agreement

I wish to enroll in the Crown Dental Plan. I understand that this contract is for twelve (12) months. I am bound by that membership for the period stated and that the contract is not transferable to any other person or family member, and all fees are non-refundable. This contract shall not constitute a plan of insurance or indemnification. The plan is not responsible for any payments to your chosen dental service providers. You alone are financially responsible for all payments. Be sure you know the charges to be made for any service requested. The plan is not an employee nor an agent for any dental service providers, and as a material condition of this contract of membership you hereby agree to release the plan from any liability to you from any actions or liabilities arising in connection with the providing of any services by any dental service provider, whether referred under the plan or otherwise. All questions of the members regarding plan dentists or fee schedules should be directed to Crown Dental Plan, 1237 S Val Vista Drive Mesa, AZ 85204, (480) 964-7449. The plan shall have the right and option to change selected dentist should the dentist discontinue their agreement with Crown Dental Plan or to terminate this agreement at any time it does not have providers under this contract to provide the services intended. In the event of such termination, any fees paid shall be returned pro-rata to the person named on the plan. The plan may terminate this agreement at any time if the plan is unable to provide the services intended or comply with government regulations regarding such plans. Fee Schedule for dental procedures listed in this brochure is subject to change without notice.

www.crowndentalplan.com

Enrollment Fees Per Year

Check One Plan Here

- ___ Plan 1 One Person.....\$ 99.95
- ___ Plan 2 Two family members.....\$119.95
- ___ Plan 3 Family.....\$139.95

IMPORTANT

Enter your Dental Office

Code # Here

Mail this application

and payment to:

Crown Dental Plan

**1237 S. Val Vista Dr
Mesa, AZ 85204**

Agent Code

Coverage Effective Date Requested

For the Affinity Discount through Farmers Insurance please provide us with your:
Farmers Insurance Policy # _____

List Spouse / Dependents living in the household under the age of 19 at the time of enrollment to be included on this application.

Phone Work	Birth Date	Sex	Home Phone
First Name	Initial	Last Name	
Address			
City	State	Zip	

1 _____	7 _____
2 _____	8 _____
3 _____	9 _____
4 _____	10 _____
5 _____	11 _____
6 _____	12 _____

Signature X _____ Date _____

I have read and understand the above Enrollment Agreement above.