

210 Cedar Fork Road
Tazewell, Tennessee 37879



(423) 626-7070
www.mintondental.com

MFDC Smile Plan Enrollment Form

Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Birthdate ____/____/____ Employer _____

List Covered Dependents

Name	Birthdate	Relationship

Payment Method

Annual Payment

1 member	\$225.00
2 members	\$350.00
3 members	\$425.00
4 members	\$480.00
5 members	\$525.00
6 or more members	Call for a fee consultation

____ Check Enclosed: \$ _____ (Make checks payable to Minton Family Dental Care)

____ Credit Card# _____

Exp. Date ____/____

Card Type: Visa/MasterCard/Discover

Signature: _____