Join Our

In-Office Plan

**Registration Form**

# [Insert Plan Name Here]

$XXX annually or $XX per month

* Service 1
* Service 2
* Service 3
* Service 4
* Service 5

**Sign up in the office today!**

Fill in the information below and return to the front desk upon completion. For more than one dependents please write additional dependent information on an additional page. All fields are required.

**Primary Member Dependent (optional)**

First Name Last Name

Email Phone

Address

City State Zip Code

First Name Last Name

Email Phone

Address

City State Zip Code

Gender (Check One)

Male Female

Third Gender

Gender (Check One)

Male Female

Third Gender

Prefer Not To Say

Self Describe

Prefer Not To Say

Self Describe

Birth Date (MM/DD/YYYY) SSN Birth Date (MM/DD/YYYY) SSN

# Sign up directly from your cell phone!

**Payment Information**

Card Number

MM/YY

CVC

Billing Zip Code

I

authorize this credit card to be charged for agreed upon monthly plan fees and for any agreed upon non-covered services.

\*Active payment method can be updated at any time by contacting us or in the Bento Dental app.

No forms or paperwork. Simply download the Bento Dental app, create an account, and purchase the plan directly.

* Select “Purchase In-Office Plan” and use code **[Insert Plan Code]**