

# Join Our In-Office Plan

powered by  **bento**

## Registration Form

### 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

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Email	Phone	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (Check One)		
Male	Female	Third Gender
Prefer Not To Say	Self Describe	<input type="text"/>
Birth Date (MM/DD/YYYY)		
<input type="text"/>		
SSN		
<input type="text"/>		

#### Dependent (optional)

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Email	Phone	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (Check One)		
Male	Female	Third Gender
Prefer Not To Say	Self Describe	<input type="text"/>
Birth Date (MM/DD/YYYY)		
<input type="text"/>		
SSN		
<input type="text"/>		

### Sign up directly from your cell phone!

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



### Payment Information

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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.