

HEART *of* TEXAS SMILES

GENERAL & COSMETIC DENTISTRY

QDP Patient Registration

Registration Date: _____

_____/_____/_____
 Last Name First MI Date of Birth XX / XX / XXXX

_____, _____, _____
 Address City State Zip Code

_____, _____, _____, _____
 Home Phone Cell Phone Work Phone Employer

List of Covered Dependents

Name	Birth Date	Age	Relationship	QDP Cost
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____

Quality Dental Plan – Total Amount Due: _____

Payment Method	Cash Check, # _____	
	Credit Card: MC / VISA / AmEx / Discover	_____ Cardholder Signature
	# _____ - _____ - _____ - _____ / Exp Date _____ / _____ / Code _____	

Please read and sign below:
 Quality Dental Plan offers significant savings on dental services. Because we are keeping our administration costs down and passing you this savings through our QDP membership, all fees for dental services are due, in full, when services are rendered.

As a courtesy to our patients, we can arrange automated monthly payments through bank draft or credit card with a \$5.00 processing fee per transaction.

I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the terms presented to me in this packet.

Signature _____ Date ____/____/____