Sonia Giordano DMD LLC

Sonia Giordano, DMD • 50 East Main Street, Little Falls, NJ 07424 • 973-256-2245

LFS DENTAL DISCOUNT PLAN APPLICATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Spouse, Family member to be included in coverage:

Name: _____

Name: _____

Name: _____

Name: _____

Please indicate the plan you have chosen below:

Silver Pan: One year dental discount plan: 35-50% off on all dental work.
Individual Member Fee $104.00_____
Family Member Fee $160.00_____ up to 4 Family Member.

Gold Plan: One year dental discount plan. 35-50% off on all dental work.
Plus 2 Cleaning and X-ray per year. Individual Member Fee $400 _____

Method of Payment:
_____Check (Please make check payable to Dr. Sonia Giordano, DMD)
_____Visa _____Master Card _____American Express _____Discover
Credit Card# _____ Expiration Date: _____

LFS Dental Saving Plan:
I hereby apply for membership in this dental saving plan for myself and others named on this application form. I agree, for myself, and any other listed, to abide by the rules and regulations of the plan. I understand that all discount rates apply only to payments made in full at the time of service. I further understand that my coverage and benefit may be affected by my failure to provided complete and accurate information. I will promptly advise Dr. Sonia Giordano of any changes in this information.

_____ _____
Signature Date

Bring, Mail or Fax this Form to Dr. Sonia Giordano's office: (Fax, email and office address are below
Phone: 973-256-2275 Fax: 973-256-8272 or email us at dctrgiordano@gmail.com
Address: 50 East main st. Little Falls NJ 07424