American Family Orthodontics

☐ New Application
☐ Renewal Application

Membership Application

☐ Single $269 ☐ Dual $479 ☐ Family $825* # _____ Additional Family Members at $125 each

**Family Plan includes up to 4 members*

Office Name _____

Subscriber

Last Name _____ First Name _____ MI _____

DOB ___/___/_____ Gender ☐M ☐F SSN (Last 4 Digits) _____

Address / PO Box _____ City _____

State _____ ZIP code _____ Primary Contact Phone # (_____) _____

Cell Phone # (_____) _____ Email _____

List Covered Dependents

NAME	DATE OF BIRTH	GENDER	OFFICE NAME (if different)
	___/___/_____	☐M ☐F	
	___/___/_____	☐M ☐F	
	___/___/_____	☐M ☐F	
(+$125)	___/___/_____	☐M ☐F	
(+$125)	___/___/_____	☐M ☐F	

Enrollment may be completed by phone.
Please call 888.380.0399

Or In Person at any of our conveniently located offices.
To find one near you visit our website:
afobraces.com

Or by Mail:
American Family Orthodontics
Dental Discount Plan Administrator
P.O. Box 436869 · Louisville, KY 40253

TOTAL PAYMENT AMOUNT $ _____

☐ Check # _____

☐ Credit Card # _____

Expiration Date ___/_____ CVV _____ Type _____

I understand the discounts and services provided with this plan, acknowledge all information is correct and payment for services is due day of treatment. I understand that by signing this form I give authorization to charge my credit card for the above referenced enrollment fee.

Subscriber's Signature (Guardian's signature if minor) _____ Date ___/___/_____

THIS PLAN IS NOT INSURANCE and is not intended to replace insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. The plan provides discounts at certain health care providers for dental services. The range of discounts will vary depending on the type of service. The plan does not make payments directly to the providers of dental services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization, in accordance with the specific pre-negotiated discounted fee schedule. This program does not guarantee the quality of the services or procedures offered by the providers. This program shall make available before purchase and upon request, a list of program providers, including their address and specialty. For further information, please contact: Dental Discount Plan administrator, P.O. Box 436869 Louisville, KY 40253; or call 888.380.0399