Patients first name:	Patients last name:
Date of Birth/	Telephone #

PLAN OPTIONS: FEE

- INDIVIDUAL <u>\$140.00</u>
- 2 FAMILY MEMBERS \$200.00

ADDITIONAL FAMILY MEMBERS ARE \$30.00 EACH.

THESE MEMBERS MUST BE UNDER THE AGE OF 18

- 3 FAMILY MEMBERS \$250.00
- 4 FAMILY MEMBERS \$280.00

PLAN MEMBER NAMES:

1	
2	
(Under age 18) 3	
(Under age 18) 4	

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Please do not send cash in the mail.

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