Paradise Dental

ISLAND SMILES DISCOUNT PLAN

INDIVIDUAL & FAMILY ENROLLMENT FORM

Last Name: _____ First Name: _____ Date of Birth: _____

Mailing Address: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____ Employer: _____

ELIGIBLE DEPENDENTS

Last Name	First Name	Middle Initial	Relationship to Subscriber	Sex	Date of Birth

RETURN THIS FORM TO PARADISE DENTAL

or email paradisedentalsaipan@gmail.com
or fax (670) 488-1044

Yearly

Individual Plan ☐ [$104.00 per year]

Couples / 2 Party Plan ☐ [$130.00 per year]

Family Plan (3 or more) ☐ [$156.00 per year]

Pricing does not include non-refundable one time administration fee of $15.

(670) 234-4040
(670) 488-1044
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