Potomac Woods Family Dental Care
350 Fortune Terrace, Suite 101, Rockville, MD 20854
(301) 279-2600 · potomacwoodsfamilydentalcare@gmail.com

Please complete this form to enroll your family in the Potomac Woods Membership Plan. One flat $50 enrollment fee applies per family, regardless of how many members enroll.

1. Primary Account Holder

FULL NAME

DATE OF BIRTH

HOME ADDRESS

PHONE

EMAIL

PREFERRED CONTACT (CALL/TEXT/EMAIL)

Already a patient here? ☐ Yes ☐ No, new patient

2. Family Members & Plan Selection

List every family member enrolling and check their plan tier. See the Plan & Pricing Guide for current rates, or ask our front desk.

NAME	DOB	RELATIONSHIP	ESSENTIAL	PREFERRED	PERIO ADD-ON	ANNUAL PRICE
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		

Total Annual Membership Cost (sum of Annual Price column): _____ + $50 One-Time Family Enrollment Fee

Total Due Today: _____

3. Payment Method

☐ Cash ☐ Check ☐ Credit / Debit card (collected securely at check-out) ☐ Card already on file

For security, full card numbers are never written on this form — card details are entered directly into our payment terminal by front desk staff.

4. Membership Terms & Acknowledgments

- ☐ The Potomac Woods Membership Plan is NOT dental insurance. It is a discount membership program offered directly through Potomac Woods Family Dental Care and cannot be combined with any dental insurance plan.
- ☐ Membership includes 2 cleanings, 2 exams, and routine X-rays per year, plus 1 emergency exam per year, and a 15% (Essential) or 20% (Preferred) discount on restorative treatment and scaling & root planing (SRP) — including fillings, crowns, and bridges — with no annual dollar cap on the discount.
- ☐ Full Mouth X-rays (FMX) and Panoramic X-rays (PAN) are available as a $100 upgrade/add-on beyond the routine annual X-rays included in membership. NOT included and NOT eligible for the membership discount: CBCT/3D imaging, orthodontic treatment (braces, clear aligners/Invisalign, retainers), and cosmetic procedures (whitening, veneers, cosmetic bonding). These are billed separately at standard rates.
- ☐ The $50 enrollment fee is a one-time, per-family charge and is non-refundable.
- ☐ Annual membership fees are non-refundable once paid, including if the patient does not use all included services during the membership term.
- ☐ Membership automatically renews annually at the then-current rate unless cancelled in writing at least 30 days before the renewal date.
- ☐ Membership discounts apply only to services performed at Potomac Woods Family Dental Care. Orthodontic and specialty referrals are excluded unless otherwise stated in writing.
- ☐ Potomac Woods Family Dental Care may update membership pricing and terms from time to time; current members will be notified in advance of their next renewal.

5. Signature

PATIENT / GUARDIAN PRINTED NAME

DATE

SIGNATURE

By signing above, I acknowledge I have read and agree to the membership terms listed on this form, and I authorize Potomac Woods Family Dental Care to charge the payment method selected above for the total due today and future annual renewals unless I cancel in writing.

FOR OFFICE USE ONLY

STAFF INITIALS

DATE PROCESSED

MEMBERSHIP START DATE

Payment collected? ☐ Yes ☐ No

Entered into system? ☐ Yes ☐ No

Welcome packet given? ☐ Yes ☐ No