

Join Our In-Office Plan

powered by **bento**

Registration Form

Sign up in the office today!

Fill in the information below and return to the front desk upon completion. For more than one dependents please write additional dependent information on an additional page. All fields are required.

Primary Member

First Name Last Name

Email Phone

Address

City State Zip Code

Gender (Check One)

☐ Male ☐ Female ☐ Third Gender
☐ Prefer Not To Say ☐ Self Describe

Birth Date (MM/DD/YYYY) SSN

Dependent (optional)

First Name Last Name

Email Phone

Address

City State Zip Code

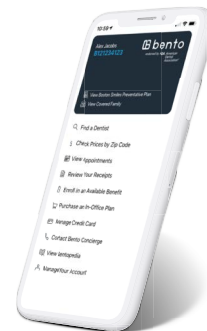
Gender (Check One)

☐ Male ☐ Female ☐ Third Gender
☐ Prefer Not To Say ☐ Self Describe

Birth Date (MM/DD/YYYY) SSN

Why Join Our Membership Plans?

- ✓ Modern app experience
- ✓ Real-time estimates with complete price transparency
- ✓ Immediate access to benefits
- ✓ Save on all dental procedures



Sign up directly from your cell phone!

No forms or paperwork. Simply download the Bento Dental app, create an account, and purchase the plan directly.

- Select "Purchase In-Office Plan" and use code



Payment Information

Card Number

MM/YY CVC Billing Zip Code

☐ I _____ authorize this credit card to be charged for agreed upon monthly plan fees and for any agreed upon non-covered services.

*Active payment method can be updated at any time by contacting us or in the Bento Dental app.