

# DCMD Household Enrollment Roster



Effective Date: \_\_\_\_\_

Primary Member Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
(If Different from Primary Name)

Street Address \_\_\_\_\_

Billing Address (If different from Street Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ ALT Ph: ( ) \_\_\_\_\_

**Enrollment Fee per Family - Due at time of Enrollment \$65.00**

		Richard Faiola, MD	Lynda Stafford, DO	E. Forman Serdar, ARNP	Primary Care	w/ Lab & Xray
<b>Adult Members Age 20 - 44</b>						
Adult: _____	Birthdate: _____ mm/dd/yy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 <input type="checkbox"/>	80 <input type="checkbox"/>
Adult: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 <input type="checkbox"/>	80 <input type="checkbox"/>
Adult: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 <input type="checkbox"/>	80 <input type="checkbox"/>
Adult: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 <input type="checkbox"/>	80 <input type="checkbox"/>
<b>Adult Members Age 45 - 65</b>						
Adult: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 <input type="checkbox"/>	90 <input type="checkbox"/>
Adult: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 <input type="checkbox"/>	90 <input type="checkbox"/>
Adult: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 <input type="checkbox"/>	90 <input type="checkbox"/>
<b>Children 0 -5 years (with an adult participant)</b>						
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 <input type="checkbox"/>	50 <input type="checkbox"/>
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 <input type="checkbox"/>	50 <input type="checkbox"/>
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 <input type="checkbox"/>	50 <input type="checkbox"/>
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 <input type="checkbox"/>	50 <input type="checkbox"/>
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 <input type="checkbox"/>	50 <input type="checkbox"/>
<b>Children 6 - 19 years (with an adult participant)</b>						
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/>	35 <input type="checkbox"/>
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/>	35 <input type="checkbox"/>
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/>	35 <input type="checkbox"/>
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/>	35 <input type="checkbox"/>
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/>	35 <input type="checkbox"/>
Child Name: _____	Birthdate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/>	35 <input type="checkbox"/>

Total number of enrollees: \_\_\_\_\_

Total Monthly \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature