

# Smile Advantage Membership Registration:

## Responsible Party Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail Address: \_\_\_\_\_

## Enrollee Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Pricing:

Youth Plan - \$495/person  
Adult Plan - \$545/person  
Perio Plan - \$775/person

TOTAL PATIENTS ENROLLING: \_\_\_\_\_  
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## Payment Details:

The membership fee will be due at the time of enrollment. By paying yearly for the membership, you will receive a greater overall savings. Monthly payments are available with a \$99 enrollment fee. If the monthly payment option is chosen, payments are as followed and no interest will be applied:

- A \$39 monthly fee per Youth Plan
- A \$42 monthly fee per Adult Plan
- A \$65 monthly fee per Periodontal Plan

## Credit Card Information:

Visa       MasterCard       Discover       American Express

Cardholder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the Smile Advantage Plan. I authorize this dental office to process my payment as listed in this Agreement.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY: EFFECTIVE DATES: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  Membership Activated