

Healthy Smiles Family Discount Club Membership Form

Name: _____

Date of Birth: _____

Address: _____

Additional Members:

Date of Birth

Total new members _____ x \$20.00 = total annual membership fee of \$_____.

Requirements and disclaimers:

- This program is for procedures and/or benefits which are not covered by any insurance benefit, are outside of the timeframe of currently exhausted dental benefits, or non-financed procedures.
- It is understood by the member that for any dental procedures for which the member has a dental insurance coverage, the dental insurance coverage must be applied to those procedures and this discount program benefit does not apply to those insurance covered procedures.
- This is an annual membership and must be renewed every year.
- This program is for those procedures as they are set forth in Healthy Smiles Family Dental Care, PLLC standard fee schedule, and this program does not apply to any specialized procedures individually quoted to members.
- It is understood by the member that they are expected to provide any changes in insurance status or other applicable life changes at the time of service.
- It is understood by the member that any material mis-representations to Healthy Smiles Family Dental Care, PLLC will can result in the voidance of membership and possible dismissal from the practice. If voidance of membership occurs, the member understands that the voidance results in forfeiture of membership fees.

Applicant/Guardian Print

Applicant Signature

Date

Thank you for your application and joining the Healthy Smiles Family Discount Club!