

Seale Family Dental VIP Membership Registration

Registrant Information

Name _____ Date of Birth _____
Primary Phone _____ Other Phone _____
Current Address _____
City _____ State _____ Zip Code _____

Spouse Information

Name _____ Date of Birth _____
Primary Phone _____ Other Phone _____

Children Included in Membership

Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____

Signatures

By completing this registration and signing below, you are agreeing to all of the membership terms and conditions listed below.

Signature of Registrant

_____ Date _____

Signature of Spouse (only for registration)

_____ Date _____

Payment Information

My signature above authorizes Seale Family Dental to charge my credit card. Yearly \$ _____

Name as it Appears on Card _____

Credit Card # _____ Expiration _____ CSC/CSV _____

Billing Address (if different from address above) _____

FOR OFFICE USE ONLY

Payment Date _____ Amount _____

Payment Method _____ Check Number _____

Entered by _____ Date _____

Seale Family Dental VIP Membership Registration

Benefits (Per Patient)

- 2 Hygiene Visits Per Year
- 2 Doctor Exams
- Cavity Detecting and Diagnostic X-Rays
- 1 Emergency Exam Per Year (if needed)
- Gum Health Exam & Periodontal Assessment
- Fluoride Treatment (for children, as needed)
- 15% Immediate Savings on any Recommended Treatment
- 1-Year Material Warranty with **2 Hygiene Visits Per Year**

Annual Fees

- Children (0-17): \$200/year, each additional child \$175
- Adult (18+): \$240/year, spouse or each additional adult \$225

Membership Duration & Dues

- Membership is a one year renewable term upon payment of annual fees.
- Membership is not subject to any alteration in services or dues.
- All membership payments must be made in advance of benefits or services provided.

Children

Children are covered up to age 17. Adult rates apply to registrants 18 years or older at renewal of membership year.

Alteration

No alteration or amendment to the membership will be valid unless received in writing.

Cancellation

In the event of any non-payment, benefits will be voided. This is not an insurance policy. Seale Family Dental is not an insurance carrier.