advanced Family Smiles
RESTORATIVE • IMPLANT • COSMETIC

Membership Plan

MEMBERSHIP AGREEMENT

Advanced Family Smiles PC is pleased to offer an in-office dental benefit program for our patients who do not currently have dental coverage. This plan allows our patients to receive optimal dental care while maintaining their oral health and saving money.

Annual Plan Benefits Include

- 2 Dental Exams
- 2 Regular Cleanings
- 2 Velscope Oral Cancer Screenings
- 2 Fluoride Treatments
- Required Check-Up X-rays

- Up to 20% discount on most dental procedures and Emergency/Oral Exams that you may require (Cosmetic Services, current promotions and Invisalign Not Included)

Annual Cost

Individual $299
Each additional Family Member: $249

Paying for Your Membership

The Advanced Family Smiles PC Plan requires payment in full. If you change your mind during the first 30 days, you may cancel your membership and pay our regular fees for all services provided since joining the program. However, after 30 days, our memberships are nonrefundable. Membership is valid for 365 days from the day of signing up.

Name: _____

Address: _____

_____

Employer: _____

Phone Number: _____ Email: _____

I wish to enroll in the Advanced Family Smiles PC Membership Plan. I understand that dental services will be provided to me as described above. I understand that benefits not used cannot be transferred to the following year. I understand that it is my responsibility to make appointments.

Patient Signature: _____ Date: _____

For Office Use Only

Benefit Period Begins: _____ Benefit Period Ends: _____

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