

Please fax this form to: 843-357-9595 Murrells Inlet, SC
 or 843-546-7777 Georgetown, SC
 Email form to: Inlet@Smile.Center
 or Georgetown@Smile.Center



Enrollment Information

Adult Member Information

Last Name		First Name	Middle Initial
Date of Birth	Sex	SS#	
Address			
City		State	Zip Code
Phone:		Email:	

Additional Member Information

Last Name		First Name	Middle Initial
Date of Birth	Sex	SS#	
Address			
City		State	Zip Code
Phone:		Email:	

Children Information

Last Name		First Name	Middle Initial
Date of Birth	Sex		
Address			
City		State	Zip Code

Children Information

Last Name		First Name	Middle Initial
Date of Birth	Sex		
Address			
City		State	Zip Code

Name on Credit Card: _____ Card#: _____ Exp. Date: ___/___/_____ V code on back: _____

_____ Individual Adult \$30/month* _____ Individual Child \$20/month* _____ Additional Individual \$25/month* _____ Periodontal Program \$50/month* Total Monthly Payment: _____ 12 month Membership Fee Total: _____

I understand the benefits, limitations, and requirements of the plan and agree to the terms. **Payments are due at time of service.** All family members must reside in the same household. This is not an insurance product. I understand that once my application has been processed, my 12 month **membership fee is non-refundable.** Program does not apply to treatment previously started. See plan limitations and exclusions for additional details.

Signature: _____

Date: _____

Print Name: _____