



# White House Dental

Creating Beautiful Smiles

## Advanced Care Membership Agreement

Our Advanced Care Membership has been designed and developed to satisfy the requests of patients who have asked for something better. Individuals, who value access, prompt service and quality dental care in a relaxed, at-home atmosphere.

Enrollment Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

*Adults: \$ 265.00 each*

# Of Adults (15 & Older): \_\_\_\_\_

Name(s) of Member(s)                      Please Print

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Children: \$ 255.00 each*

# Of Children (14 & Under): \_\_\_\_\_

Name(s) of Member(s)                      Please Print

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Method Of Payment

**Credit card**

Visa  / Master Card  / CareCredit

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Personal Check**

Check #: \_\_\_\_\_

**Cash**

Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I, the undersigned, understand and accept all the given terms and conditions explained to me in the Advanced Care Membership brochure, for myself and any members included in this agreement, and I hereby authorize White House Dental to charge me for the stated amount.

\*Payments are non refundable.

\*This is a trial program and may be discontinued at any time; however your contractual year will be honored.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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