

Hygiene Membership Application

Choose the level of benefits that's right for you. We'll take care of the rest.

✓	Plan level	Number of cleanings	Monthly Payments	Yearly Cost
	Child	2	\$48	\$576
	Silver	2	\$59	\$708
	Gold	3	\$70	\$840
	Platinum	4	\$82	\$984

Payment type:

- Payment in full
 12 Monthly payments

I authorize Central Park West Dentistry to charge my credit card as per above. Each year upon my anniversary date, my enrollment in the Hygiene Membership Plan may be renewed.

By signing below, I acknowledge that I have read, understood, and agreed to the following plan details and conditions:

- *The Hygiene Membership is an exclusive program, which cannot be used in conjunction with any type of insurance, or be combined with other discounts or specials.*
- *It's important to maximize your Membership benefits by making appropriate appointments within the 12-month membership period. If appointments or benefits go unused, a refund cannot be granted, and any unused services will not roll over to the next year.*
- *Membership is a 12-month commitment. If a member chooses to cancel early, any paid premiums cannot be refunded. He or she will be responsible for the paying the full office fees for any services rendered during the period. Membership discounts cannot be applied to early terminated agreements.*
- *Membership is not dental insurance and is only valid at CPW Dentistry.*
- *Membership will terminate one year following the enrollment date or after the corresponding number of allowed visits, whichever comes first.*

Name: _____

Signature: _____

Date: _____