

# Smiles With Care Membership

## Responsible Party Information:

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## Your Smiles With Care Membership Includes

- Up to 2 Exams, Preventive Cleanings and Necessary X-rays
- 1 Emergency Care Visit: Exam and Necessary X-rays
- Oral Cancer Screenings
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation
- 15% Discount on All Other Dental Treatment
- Perio Plan - Up to 4 Perio Maintenance Care visits, 2 Exams, & Necessary X-rays

## Enrollee Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Annual Cost

Children (ages 13 and under) - \$279/person  
Adults (ages 14 and over) - \$399/person  
Perio Plan - \$699/person

TOTAL CHILDREN ENROLLING: \_\_\_\_\_  
TOTAL ADULTS ENROLLING: \_\_\_\_\_

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the Smiles With Care Membership Plan.

Signature of Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

EFFECTIVE DATES: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_



**CHILD**  
**\$279**



**ADULT**  
**\$399**



**PERIO PLAN**  
**\$669**

# Smiles With Care Membership

For our patients without insurance, our membership program provides simpler and lower cost payments for preventive care. We value your loyalty.

## ADVANTAGES OVER DENTAL INSURANCE

- No** yearly maximums
- No** deductibles
- No** claim forms
- No** frequencies
- No** pre-authorization requirements
- No** pre-existing condition limitations
- No** one will be denied coverage
- No** waiting periods

## BENEFITS

- Up to 2 Exams, Routine Cleanings and Necessary X-rays
- 1 Emergency Care Visit: Exam and Necessary X-rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation
- 15% Discount on All Other Dental Treatment.
- PERIO PLAN\*\* - Up to 4 Periodontal Maintenance Care visits, 2 Exams, and Necessary X-rays

\*Children are 13 years old or younger  
\*\*When periodontal gum infection is present, our periodontal program covers the necessary maintenance care for your overall health.

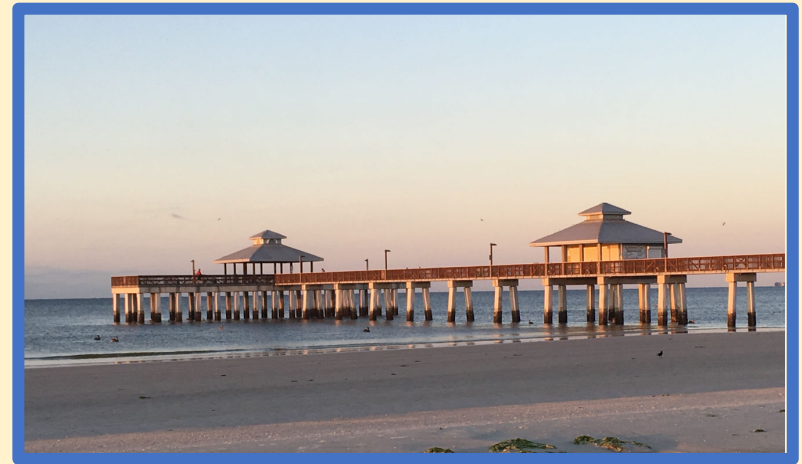
## Smiles With Care Membership

### Membership Terms and Conditions:

- Services are based upon a plan year. The full membership dues are due on the date of enrollment and eligibility will begin at that time remaining active for one year. There are no waiting periods.
- Lab fees, medicaments, and merchandise are not discounted in the plan.
- This is NOT dental insurance, rather a savings plan. This savings plan cannot be used in conjunction with dental insurance or other discounts.
- This plan is only valid at this dental office. Care from other providers or specialists is not included. Membership fees are subject to change.
- The program is for YOU and is not transferable.
- When using 3rd party financing, such as Care Credit, the 15% discount will be reduced to 0%.
- You will be entitled to the dental benefit membership program for 12 consecutive months. You have the right to cancel at any time, by submitting a written request. However, this plan is non-refundable.
- If you are a current patient enrolling in the Smile With Care Membership Plan, your account MUST have a ZERO balance.
- The plan is not retroactive and will become effective on the date of enrollment.
- It is the member's responsibility to utilize the services included in this agreement within their plan year limit. Any unused benefits will not be carried over or refunded. The plan is non-transferable.
- In exchange for the care provided under this plan, the covered member agrees to pay all balances in full at the time of treatment. If treatment is not paid in FULL at the time of service, the 15% discount is void.
- The member has the right to opt out of the plan for a full refund within 30 days of enrollment as long as treatment has not begun. If ANY treatment has been performed or if 30 days from enrollment have lapsed, NO refund will be given.
- If appointments are broken without 24 hours prior notice, a cancellation fee of \$25 will apply. If a second appointment is broken without notice, the Smiles With Care Membership becomes void and no refunds will be given.
- Memberships are provided exclusively to uninsured patients of our practice and shall not be considered pre-payment for future services or payment for access to discounted services.
- THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A RIGHT TO REFUSE TO PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION, OR TREATMENT THAT IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR THE FREE, DISCOUNTED FEE, OR REDUCED FEE SERVICE, EXAMINATION, OR TREATMENT.



## Smiles With Care Membership



**No Insurance? No Problem!**

**Our plan is designed to provide  
greater access  
to quality dental care  
at an affordable price.**

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