



HEALTHY SMILE+ BENEFITS New Patients

Because we care about your oral health, we devised an annual discount plan for individual and families that offers all members to receive dental services at affordable prices. Unlike traditional insurance plans, there are zero annual maximums, zero deductibles, and treatment can begin right away. Healthy Smile+ benefits coverage begins immediately on plan registration.

Benefits include:

- Periodontal maintenance cleanings (up to three per year).
- More involved cleanings will get a 15% discount
- Complete annual dental exams (up to two per year)
- Routine x-rays
- A 15% discount on all dental procedures, including CBCT scans
- Two annual adult fluoride treatments to help protect against cavities and root sensitivity

A Healthy Smile+ membership is \$790.00 for each plan member. Activation of the benefits begins upon payment in full of annual membership and are non-refundable. Membership duration is for one year from registration date. Payment is due in full at time of services rendered in order to receive benefits.

All members of a Healthy Smile+ family account will have their own anniversary date when the membership was purchased. Should you need financial arrangements for a larger expense, we recommend interest-free payment plans of 3, 6 and 12 months duration, which are available on request with approved credit through Care Credit. Repayment duration is based on service totals (only \$500+ charges are applicable for 12mos 0% interest). When a Care Credit payment plan is used, your Healthy Smile+ discount will be 5% (versus 20%) due to the 10% financing fee we incur.

Please notify our office at least 48 hours in advance if you must change a scheduled appointment. Thank you for trusting us with your care. We look forward to making you smile.

115 South School Street, Bellefonte, PA 16823
Phone: 814-355-1587 – Email: office@bellefontefamilydentistry.com



Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Birth Date _____ Employer _____

Healthy Smile+ Plan – Total Amount Due -- \$

Payment Method:

- Cash
- Check
- Credit Card # _____ Exp date _____

Signature _____

Please read and sign below:

Healthy Smile+ Dental Plan offers significant discounts on dental services. I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the following: Fees for dental services are due when rendered. Fees for prosthodontic (dentures) and cast restorations (crowns, inlays, onlays, veneers) are due at the preparation/impression visit. If you choose not to pay at the time of service you will be billed our usual and customary fees for such services.

Signature _____ Date _____