



HEALTHY SMILE BENEFITS

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 deductibles and treatment can begin right away. Healthy Smile Benefits coverage begins immediately on plan registration.

Benefits include:

- Simple cleanings (up to two per year).
- Complete annual dental exam (up to two per year)
- Routine X-rays
- A 15% discount on all dental procedures (maximum annual discount of \$750 per patient)
- Two complimentary fluoride treatments for children under 18 years of age
- Annual complimentary adult fluoride treatment

A Healthy Smile membership is **\$450.00** for an initial plan member... and only \$430.00 for each additional family member; which represents a savings of \$20.00 per additional member. Eligible family members include spouse/domestic partner and dependent children up to the age of 18 (up to age 21 if dependent child is a full-time student).

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 are available on request with approved credit through Care Credit. Repayment duration is based on service totals (only \$1,000+ charges are applicable for 12mos, 0% interest). When a Care Credit payment plan is used, your Healthy Smile discount will be 5% (versus 15%) due to the 10% financing fee we incur.

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

Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Birth Date _____ Employer _____

List covered dependents:

Name	Birth Date	Relationship

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 _____