



## **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:

- 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 (maximum annual discount of \$750 per patient)
- Two annual adult fluoride treatments to help protect against cavities and root sensitivity

A Healthy Smile+ membership is \$835.00 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 are available on request with approved credit through Care Credit. Repayment duration is based on service totals (only \$1000+ 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 a scheduled appointment. 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 \_\_\_\_\_

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 \_\_\_\_\_