Smiles With Care Membership

Dognancible Danty Information

| Responsible Party Informat | 1011: | |
|---|--|------------------|
| Last Name: | | |
| Home Address: | | |
| City: | State: | Zip Code: |
| Phone: | | |
| E-mail Address: | | |
| Your Smiles With Care Mem Up to 2 Exams, Routine Cleanings 1 Emergency Care Visit: Exam an Oral Cancer Screenings Up to 2 Fluoride Treatments Whe 1 Cosmetic Consultation 15% Discount on All Other Denta Perio Plan - Up to 4 Perio Mainter | s and Necessary d Necessary X-r en Indicated ll Treatment | y X-rays rays |
| Enrollee Information: | | |
| Name: | | Date of Birth: |
| Name: | | Date of Birth: |
| Name: | | |
| Name: | | Date of Birth: |
| Annual Cost Children (ages 13 and under) - \$249 Adults (ages 14 and over) - \$349/pe Perio Plan - \$589/person TOTAL CHILDREN ENROLLING: TOTAL ADULTS ENROLLING: | erson | |
| By signing below, I acknowledge that the terms and conditions of the Smil | at I have review | |

Signature of Responsible Person:

EFFECTIVE DATES: ____/____ TO ____/___

FOR OFFICE USE ONLY:







PERIO PLAN \$589

Date:

Smiles With Care Membership

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

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 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.
- 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-transferrable.
- 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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