

Responsible Party Information

First Name:		Last Name:			
Address:					
City:		State:	Zip Co	ode:	
Phone:	Email:				
Date of birth: / /					
Enrollee Information					
Name:			Date of birth: _	/	/
Name:			Date of birth: _	/	/
Name:			Date of birth: _	/	/
Name:			Date of birth: _	/	/
Name:			Date of birth: _	/	/
Name:			Date of birth: _	/	/
Children (13 years old and younger)	·	TOTAL C	HILDREN ENROL	LING:	
Adults (14 years old and older)		TOTAL A	DULTS ENROLLI	NG:	
Periodontal Plan		TOTAL F	PERIO ENROLLIN	IG:	

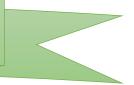
Payment Options (Per Person)

Monthly vs yearly plan savings is included in the chart

	Monthly Plan	Yearly Plan	Savings
Child	\$29	\$299	\$49 per year
Adult	\$35	\$349	\$71 per year
Periodontal	\$59	\$649	\$59 per year



Payment Options

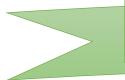


ΡL	AN OV	/ERVIEW				
All Plans Include		Disclaimer: Fees will be due at the time of enrollment.				
	0	2 Exams Per Year	enrollr	nent.		
	0	2 Cleanings Per year	Plan	Туре		
	0	2 Fluoride Treatments per				
		Year		Monthly		
	0	1 Free Emergency Visit		Yearly		
		\$30 each after 1 st	D			
		emergency	Paym	ent Options	(circle one)	
		\$500 OFF Clear Correct Aligners \$249 Bleaching Treatment Per	Cash	Check	Credit	Debit
	0	Year				
	0	20% OFF All Other Treatment	Cardh	older Name	2:	
 Periodontal Plan Includes Everything Above PLUS 						
		Card Number				
		30% off Initial	Carui	vuinber		
		Treatment				
		 4 Maintenance Visits Per Year 				
		rear				
			Expira	tion Date: _	/	
			Security Code:			
			Jeeun			

By signing below, I acknowledge that I have...

- Reviewed, Understand, and Agree to the Terms and Conditions of this plan.
- Authorized this Dental Office to process my payment as listed in this agreement.

Signature of Responsible Party:



Smile Savers Club

Terms and Conditions

- This is a Membership Saving Plan, **NOT** Dental Insurance.
 - \circ Can ${\bf NOT}$ be used in conjunction with dental insurance or other discounts.
 - Only valid at Thomson Dental Wellness.
- This plan is for current patients you must have a **<u>ZERO</u>** balance to enroll.
 - Current Patient = Has had an evaluation in office within the last 3 years
 - Patients with a balance from a Multi-Process procedure may sign up **without** a zero balance.
 - Plan benefits will <u>NOT</u> affect treatment already started. <u>ONLY</u> future treatment.
- The plan, and its benefits, go into effect the Day of Enrollment.
- It's the member's responsibility to use their benefits before the plan expires.
 - Any UN-USED benefits will NOT be carried over or refunded.
 - The remaining benefits can NOT be transferred to another person.
- Covered members agree to pay ALL balances in full before the end of treatment.
 - Any treatment that lasts more than a day (ie crown, implant, denture, onlay, inlay, root canal, ect...) can be placed onto a payment plan that MUST to be paid in FULL by the delivery date.
 - All Payment plans are reviewed and approved by Dr. Pickard.
 - Any same day treatment (ie fillings, core buildup, provisional crown, extraction, sealants, ect...) must be paid in FULL the day of treatment.
- Member / Responsible party has the right to opt out of the plan for a FULL refund as long as treatment has NOT been started.
 - If treatment has started within this window of time, no refund will be given.
- THIS IS A YEARLY PLAN, **NOT** A MONTHLY MEMBERSHIP.
 - Members have the option to pay monthly but with the understanding that the plan is in effect for the entire year.
 - Any **MISSED** payments will cause a halt in benefits until payments are caught up.
 - If 5 payments are missed in a row, the plan will be terminated, and the responsible party will be **unable** to re-enroll.
 - Any members under the plan will be able to re-enroll under themselves
- The membership will auto-renew at the end of each plan year.