

Smile Savers Club

Responsible Party Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 CHILDREN ENROLLING: _____

Adults (14 years old and older) _____ TOTAL ADULTS ENROLLING: _____

Periodontal Plan _____ TOTAL PERIO ENROLLING: _____

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

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PLAN OVERVIEW

- All Plans Include
 - 2 Exams Per Year
 - 2 Cleanings Per year
 - 2 Fluoride Treatments per Year
 - 1 Free Emergency Visit
 - \$30 each after 1st emergency
 - \$500 OFF Clear Correct Aligners
 - \$249 Bleaching Treatment Per Year
 - 20% OFF All Other Treatment
- Periodontal Plan Includes
 - Everything Above PLUS
 - 30% off Initial Treatment
 - 4 Maintenance Visits Per Year

Payment Options

Disclaimer: Fees will be due at the time of enrollment.

Plan Type

- Monthly
 Yearly

Payment Options (circle one)

Cash Check Credit Debit

Cardholder Name: _____

Card Number
_____-_____-_____-_____

Expiration Date: ____ / ____

Security Code: _____

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:

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Terms and Conditions

- This is a Membership Saving Plan, **NOT** Dental Insurance.
 - Can **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 **ZERO** 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 **NOT** affect treatment already started. **ONLY** 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.