

# Smile Advantage Membership Registration:

## Responsible Party Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail Address: \_\_\_\_\_

## Enrollee Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Pricing:

Youth Plan - \$299/annually  
 Adult Plan - \$365/annually  
 Perio Plan - \$599/annually

TOTAL PATIENTS ENROLLING: \_\_\_\_\_  
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## Payment Details:

The membership fee will be due at the time of enrollment.

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the Smile Advantage Plan. I authorize this dental office to process my payment as listed in this Agreement.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY: EFFECTIVE DATES: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  Membership Activated

## Credit Card Information:

Visa  MasterCard  Discover

Cardholder Name: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## What is the Smile Advantage Plan?

The Smile Advantage Plan is a membership-based dental savings plan that provides the quality care you deserve at a price you can afford. Memberships include regular exams, cleanings and X-rays along with additional discounts on other dental treatment. Our plans provide quick access to the care you need!

### OUR PLANS INCLUDE THE FOLLOWING

- ✔ **Youth & Adult Plans:** Up to 2 Exams, Routine Cleanings, and Necessary X-rays. Sealants when indicated for youth.
- ✔ **Perio Plan:** Up to 4 Perio Maintenance Cleanings, 2 Exams, Necessary X-rays. Annual Full Mouth Periodontal Charting. **20% OFF** SRP
- ✔ **Fluoride Treatment** - When Indicated
- ✔ **1 - Cosmetic Consultation** - Annually
- ✔ **1 - Oral Cancer Screening** - Annually
- ✔ **20% OFF** - Zoom Whitening (reg \$595)
- ✔ **15% OFF** - Whitening Products
- ✔ **\$500 OFF** - Invisalign Orthodontics\*\*
- ✔ **\$200 OFF** - Sleep Apnea Appliance (TAP 3 Mandibular Advancement)
- ✔ **15% Discount** on All Other Dental Treatment

## OUR PLANS ARE DESIGNED TO PROVIDE YOU WITH GREATER DENTAL CARE, LESS HASSLE AND TO SAVE YOU MONEY.

- No Waiting periods (immediate eligibility)
- No Pre-existing condition limitations
- No Pre-authorization requirements
- No Yearly maximums
- No Denied claims
- No Deductibles

### Program Exclusions & Limitations

For complete details, see Plan Terms and Conditions. Youth plan is intended for ages 17yrs and younger. If periodontal infection is present, the member may be required to upgrade to the Perio plan. \*\*Discount applies to "Invisalign Comprehensive treatment" only. Discount not valid on "Invisalign Go" treatment.

Youth*	Adult**	Perio
\$299	\$365	\$599
ANNUALLY	ANNUALLY	ANNUALLY
\$895 VALUE	\$1464 VALUE	\$2060 VALUE

## WHY MEMBERSHIP MAKES SENSE.

	SMILE ADVANTAGE	NO INSURANCE	TRADITIONAL INSURANCE
ANNUAL EXAMS	INCLUDED	\$100+	DEDUCTIBLE REQUIRED
ANNUAL CLEANINGS	INCLUDED	\$200+	DEDUCTIBLE REQUIRED
ANNUAL X-RAYS	INCLUDED	\$100+	LIMITED PER YEAR
FLUORIDE	INCLUDED	\$20+	COVERAGE VARIES
SEALANTS	INCLUDED	\$50+	COVERAGE VARIES
DENIED COVERAGE	NEVER	NEVER	OFTEN
TREATMENT DISCOUNT	15% OFF	NONE	NONE

ANNUAL COST: \$365/yr (Youth), \$\$\$ (Adult), \$\$\$\$ (Perio)

‡ BASED ON NATIONAL AVERAGE TRADITIONAL INSURANCE PLANS

## SMILE ADVANTAGE PLANS ARE GREAT FOR

- Retired Seniors • Uninsured Employees •
- Contract or Freelance Employees • Families
- Small Business Owners •

## Saratoga Springs Family Dentistry

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SaratogaSpringsDentists.com