Credit Card Information: (Monthly Payment Option)

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name: _____

Card Number: _____ Expiration Date: ____ /____ Security Code: _____

Please return completed agreement and payment to one of the following:

Mail to: Dental Clinique
Madalina Ivan
1420 N. Arlington Heights
Suite 130
Arlington Heights, IL 60004
847.392.6610
https://mysmileadvantage.com/location/dental-clinique/
Email to: office@dentalclinique.us

Plan Terms and Conditions:

- 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. Plan fees are subject to change.
- If you are a current patient enrolling in the Smile Advantage Plan, your account MUST have a ZERO balance.
- The plan is not retro-active 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.
- It is the patient's responsibility to inform this dental office of changes in billing information due to expired credit/debit cards, etc. Expired cards are not a valid reason for non-payment. If we are unable to process a member's monthly credit card, the Smile Advantage Plan is VOID until payment is made. Any unused benefits during this time are relinquished. Any scheduled future appointments will be cancelled and cannot be rescheduled until account is in good standing.
- 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 10% 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 started. If ANY treatment has been performed or if 30 days from enrollment have lapsed, NO refund will be given. The member will be responsible for paying the remaining balance regardless of services rendered.
- Services are based upon a plan year. The full membership dues or first payment plus processing fees are due on the date of enrollment and eligibility will begin at that time remaining active for one year. All future payments will be processed on the first of each month thereafter. There are no waiting periods. Your membership can be renewed at the end of each plan year.
- If appointments are broken without 24 hours prior notice, a cancellation fee will apply.
- This basic plan is designed for patients who do not have infection present in the mouth. If periodontal infection is present, an alternative periodontal plan will be required at a fee of $849.00, as additional visits and treatment are required. This alternative plan includes up to four periodontal maintenance cleanings within the plan year.

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

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SmileAdvantage

Dental Savings for Healthy Smiles

brought to you by ***DENTAL CLINIQUE***

Child*

ONLY

$375

Adult**

ONLY

$499

Perio Plan***

ONLY

$849

DENTAL CLINIQUE
1420 N. Arlington Heights
Suite 130
Arlington Heights, IL 60004
847.392.6610

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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. Members pay an annual fee to receive regular exams, cleanings and X-rays along with access to significantly reduced rates on all other restorative and cosmetic dental procedures performed in our office. Plus, the plan offers many benefits including no annual caps, no limits, and no waiting periods. This provides for quick access to the care you need!

The Smile Advantage Plan helps to reduce overall dental costs for members. This ensures that they have access to top quality dental care when they need it. We also offer a monthly payment schedule that makes the plan more accessible to those who need special financing options. Thanks to the Smile Advantage Plan, the quality care you deserve is now available at a bigger savings than you ever imagined possible.

Our plan is designed to provide greater access to quality dental care at an affordable price.

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 (immediate eligibility)

Program Exclusions & Limitations

This is a savings plan, not dental insurance. It cannot be combined with any other insurance. It is only valid at this dental office; care from other providers and specialists is not included. Plan fees are subject to change. For complete details, see Plan Agreement or Plan Terms and Conditions.

* **Child Plan (under 13 years) - $375**
Two exams
Two child cleanings
Oral cancer exam
Xrays
Fluoride treatment 1x/year
Sealants - 15% off
Discount on all other treatments - 10% off

****Adult Plan (over 13 years) - $499**
Two exams
Two adult cleanings
Needed Xrays
Cosmetic consultation
Oral cancer exam
$75 off nightguards
$100 off ZOOM whitening (normally $450)
Fluoride for adults - 15% off , 1x/year
Discounts on all other treatments - 10% off

*****Perio Plan - $849**
Two exams
Xrays needed
Perio maintenance
Cosmetic consultation
Oral cancer exam
$75 off nightguards
$100 off ZOOM whitening (normally $450)
Fluoride for adults - 15% off
SRP (Non-surgical periodontal treatment) - 10% off
Discounts on all other treatments - 10% off

Smile Advantage Plan Agreement

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: _____/_____/_____

Name: _____ Date of Birth: _____/_____/_____

Pricing:

Children (ages 13 and under) - $375/person TOTAL CHILDREN ENROLLING: _____
Adults (ages 14 and over) - $499/person* TOTAL ADULTS ENROLLING: _____

**Please see Plan Terms and Conditions for alternative periodontal plan pricing.*

Payment Details:

Fees will be due at the time of enrollment. Monthly payments are available with an initial processing fee of $90/person.

If the monthly payment option is chosen, payment are for 12 months. Payments are as follows and no interest will be applied:

- A $30 monthly fee per Child
- A $42.40 monthly fee per Adult
- A $77.40 monthly fee per Periodontal Plan

Payment options:

☐ Cash ☐ Check ☐ Credit Card

☐ Monthly -Credit Card Only- processed 1st of each month or following business day