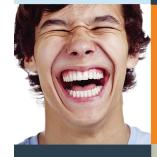
Credit Card Information: (Monthly Payment C	Option)		
☐ Visa ☐ MasterCard	☐ Discover ☐ Ar	erican Express	
Cardholder Name:			
Card Number:	Expiration Date: /	Security Co	ode:
Please return co	mpleted agreement and payr	ent to one of th	e following:
	Mail to: Dental Clinic	ue	
	Madalina Ivan 1420 N. Arlington Hei	.la+a	
	Suite 130	Ints	
	Arlington Heights, IL 6	0004	
	847.392.6610		
https://	/mysmileadvantage.com/locat	on/dental-clinique	e/
	Email to: office@dentalcl	nique.us	
Plan Terms and Conditions:			
• This is <b>NOT</b> dental insurance, rather a sor other discounts. This plan is only va			-
fees are subject to change.			
If you are a current patient enrolling in			have a <u>ZERO</u> balance.
• The plan is not retro-active and will be			in their plan year limit. Any year d
<ul> <li>It is the member's responsibility to utili benefits will not be carried over or refu</li> </ul>		_	in their plan year limit. Any unused
<ul> <li>It is the patient's responsibility to inform</li> </ul>			tion due to expired credit/debit
cards, etc. Expired cards are not a vali			
card, the Smile Advantage Plan is <u>VOII</u> scheduled future appointments will be	ountil payment is made. Any cancelled and cannot be resc	nused benefits d eduled until acco	luring this time are relinquished. Any ount is in good standing.
<ul> <li>In exchange for the care provided under treatment. If treatment is not paid in F</li> </ul>			
The member has the right to opt out of			
started. If <u>ANY</u> treatment has been pe member will be responsible for paying	erformed or if 30 days from en	ollment have laps	sed, <u>NO refund</u> will be given. <u>The</u>
Services are based upon a plan year.			
of enrollment and eligibility will begin			_
on the first of each month thereafter.	There are no waiting periods	Your membersh	ip can be renewed at the end of each
plan year.			
If appointments are broken <u>without 24</u>			
<ul> <li>This basic plan is designed for patients an alternative periodontal plan will be a alternative plan includes up to four per</li> </ul>	required at a fee of \$849.00, a	additional visits	and treatment are required. This
		,	,
By signing below, I acknowledge that I have Advantage Plan. I authorize this dental office			
Signature of Responsible Party:		Date:	/
FOR OFFICE USE ONLY: EFFECTIVE DAT			
© Copyright, 2015   Breakthrough Dental Consultants			









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

## 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	Inform	ation
I/C2DOLI2IDIC	raity	111101111	iation

First Name: Last Name:						
Home Address:						
City:	State:	Zip Code:				
Phone:		Date of Bir	th:	/	/	
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 Adults (ages 14 and over) - \$499/person* *Please see Plan Terms and Conditions for alternation	TOTAL ADULTS ENROLLING:					

#### 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	☐ Ch	ieck	☐ Cre	dit Card				
Monthly -Cr	edit Car	rd Only-	processed	1st of each	month	or following	business	day