

HEALTHY SMILES PROGRAM

NO INSURANCE? NO WORRIES.



Our Healthy Smiles Program was designed with YOU in mind!
 Don't let a lack of dental insurance prevent you from receiving the dental care you need.
 No waiting periods. No maximums or deductibles.

Adult Loyalty Plan (ages 18 and up)	\$318	Covered at 100% 2 Cleanings: Prophylaxis or Periodontal Maintenance 2 Exams: New Patient Exam, Periodic Exam or Periodontal Exam 2 Flouride Treatments 1 set of X-rays Full series, Panoramic or Bitewing 1 Oral Cancer Detection Exam
Child Loyalty Plan (ages 17 and under)	\$246	
Husband & Wife / Life Partners	\$468	
Family Plan (2 adults & 2 children)	\$796	
Single Parent Family (up to 3 children)	\$298 +\$149/child	

BENEFITS

- No waiting period - you are eligible on the date you sign up
- No yearly deductible
- No yearly maximum
- No missing tooth clause restrictions or exclusions
- No pre-authorization requirements
- No pre-existing condition limitations
- Plan includes discounts on cosmetic and orthodontic procedures

DISCOUNTS

Plan members receive additional discounts of up to 20% off services, including:

- Fillings
- Crowns
- Dentures
- Root Canals
- Bridges
- Whitening, 1 hour whitening & Bleaching trays

DETAILS

- This is not dental insurance and cannot be used as a supplement to your dental insurance
- Plan benefits are only available at Advanced Dentistry of CC
- All treatment must be paid in full at each visit to keep the plan active
- Discounts do not apply to injuries filed under worker's compensation or any other accident liability claim
- Plan subject to change annually
- Plan coverage expires one year from date of enrollment
- Benefits cannot be carried over to the next enrollment year
- Membership fees are non-refundable
- Plan excludes: Molecular Testing and Oral DNA, Dental Products (i.e. toothbrush, water flosser, etc), whitening products (Crest White Strips, Whitening Gel, etc.) and Botox

	Dental Insurance	Advanced Loyalty Plan
Immediate Eligibility	NO	YES
Deductibles	YES	NO
Claim Errors	YES	NO
Pre-Authorization Requirements	YES	NO
Pre-Existing Condition Limitations	YES	NO
Waiting Periods	YES	NO
Yearly Minimums	YES	NO
Cosmetic Procedures	NO	YES

Sign up today!

*Fees include a \$20 allocation for additional PPE

Healthy Smiles Enrollment Form

- ADULT PLAN \$318 year CHILD PLAN \$246 year
 HUSBAND & WIFE / LIFE PARTNER PLAN \$468 year
 FAMILY PLAN (2 Adults + 2 Children) \$796 year
 SINGLE PARENT + _____ CHILDREN (up to 3 children) \$318 + \$169 per child per year

Applicant confirms no dental insurance held.

Initial Enrollment Renewal

Primary Member Name:

Enrollment Date:	DOB:	AGE:
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Address:

City:	State:	Zip:
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Phone:	Email:
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ADDITIONAL MEMBERS

Patient Name:

Relationship to Primary Member: Husband Wife Son Daughter Other _____

DOB:	Age:
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Patient Name:

Relationship to Primary Member: Husband Wife Son Daughter Other _____

DOB:	Age:
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Patient Name:

Relationship to Primary Member: Husband Wife Son Daughter Other _____

DOB:	Age:
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REFERRAL SOURCE

How did you learn about the Healthy Smiles Program?

FINANCIAL TERMS

As the Primary Member on this Healthy Smiles Program account I understand that I am solely responsible for the full annual membership fee of \$_____ at time of enrollment/renewal. This plan may not be changed or altered in any way during the twelve month enrollment period. I understand that this plan will expire one year from enrollment unless renewed.

Signature of Primary Member:	Date:
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PAYMENT OPTION CHOSEN

1 payment of \$_____ at enrollment/renewal.

Cash Check MasterCard VISA Discover

Card : _____ Exp Date : _____ Sec. Code: _____

Please make checks payable to: Advanced Dentistry.