

Please return completed agreement and payment to the following:



Mail to: solidSMILES
475 State Highway 121 Bypass
Suite 180
Lewisville, TX 75067
469-993-0633
hello@solid-smiles.com

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 annually.
- 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. Preventive visits included in each year of membership do not "roll over". Cleanings must be completed before membership renewal date. The plan is non-transferable.
- 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, 15% discount is void.
- Services are based upon a plan year. The full membership fee or first monthly payment plus the upfront activation fee are due on the date of enrollment and eligibility will begin at that time, remaining active for one year. There are no waiting periods. All future monthly payments will be processed each month thereafter. Your annual membership will be automatically renewed at the end of each plan year, with the credit card on file. You will be notified by email prior to your yearly renewal. If a member wishes to discontinue their membership, they may do so at any time by calling the office.
- If appointments are broken without 48 hours prior notice, a cancellation fee will apply.



Smile Advantage Plan Agreement

Responsible Party Information:

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

Your Smile Advantage Plan Includes

- 2 Oral Exam Checkups, 2 Regular Routine Cleanings, and All Necessary X-Rays
- Perio Plan - Up to 4 Periodontal Maintenance Cleanings, 2 Oral Exams, and All Necessary X-Rays (for patients with gum disease)
- 1 Emergency Care Visit: Exam and Necessary X-Rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- Custom Whitening Trays - Only \$99 (Includes Free Whitening Gel every 6 months for patients who are keeping up with routine exams and cleanings)
- 15% Discount on All Other Dental Treatment

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 12 and under) - \$299/person
Adults (ages 13 and over) - \$349/person
Perio Plan - \$549/person

TOTAL CHILDREN ENROLLING: _____
TOTAL ADULTS ENROLLING: _____
TOTAL ADULTS ENROLLING: _____

Payment Details:

The membership fee will be due at the time of enrollment. By paying yearly for the membership, you will receive a greater overall savings. If opting for the monthly payment option, a \$150 non-refundable upfront activation fee is required.

The payments will be as follows:

- An activation fee of \$150 per member
- A \$14 monthly fee per Child (ages 13 and under)
- A \$19 monthly fee per Adult (ages 14 and older)
- A \$37 monthly fee per Periodontal Plan

Payment options:

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

Credit Card Information: (Monthly Payment Option)

Visa MasterCard Discover American Express

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 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

Child[†]



ONLY
\$299

Adult*



ONLY
\$349

Perio Plan**



ONLY
\$549

solidSMILES

475 State Highway 121 Bypass
Suite 180
Lewisville, TX 75067
469-993-0633
hello@solid-smiles.com
www.solid-smiles.com OR
rebrand.ly/soiidsmiles

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. 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)

The Smile Advantage Plan Includes:

- 2 Oral Exam Checkups, 2 Regular Routine Cleanings, and All Necessary X-Rays
- Perio Plan - Up to 4 Periodontal Maintenance Cleanings, 2 Oral Exams, and All Necessary X-Rays (for patients with gum disease)
- 1 Emergency Care Visit: Exam and Necessary X-Rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- Custom Whitening Trays - Only \$99 (Includes Free Whitening Gel every 6 months for patients who are keeping up with routine exams and cleanings)
- 15% Discount on All Other Dental Treatment

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.

[†] Children 12 or younger

^{*} For patients with regular cleanings and absence of periodontal disease.

^{**} For patients enrolled in active periodontal maintenance due to prior treatment of periodontal (gum) disease.