



Smile Protection Plan

We at Chandler Dental Excellence would like to take this opportunity to introduce you to our SMILE PROTECTION PLAN.

As part of our ongoing efforts to serve the dental needs of our friends and patients, we invite you to become a member of our SMILE PROTECTION PLAN. This is a service we provide for our patients who do not have dental insurance. Please review the program as outlined below and ask any questions you have.

ANNUAL (12-month) MEMBERSHIP \$139 (Children \$89) Non-refundable. It is due before starting the program.

MEMBERSHIP INCLUDES: The following are procedures which we perform at each 6-month checkup: Dental Cleanings/two per year (Non-Perio) at a reduced rate of \$49 per prophylaxis (\$29 for children), Oral Exams, Periodontal Evaluation, Oral Cancer Screening, Digital X-rays (either full series, bitewings, or panoramic), and Intraoral Camera Exam.

All other dental procedures will be performed at 20% off of our usual and customary fees, with the following exceptions: Membership fees do NOT apply to Orthodontic Treatment or products (whitening, Peridex).

A 10% (rather than 20%) discount will be given for any treatment financed by third-party vendors (such as CareCredit) outside of our office. No other discounts (such as senior citizen) may be utilized.

There is a missed appointment fee of \$28 for appointment cancellations without a 48-business hour notice.

Our Membership Program cannot be used with any dental plan or insurance plan. It is not dental insurance. All treatments must be performed at Chandler Dental Excellence by our staff, during our regularly scheduled hours and days only.

Membership is effective on the day on which payment is received and expires yearly (365 days from purchase). It may be renewed annually if so desired.

Payment for services rendered is due in full when services are rendered to receive the discount.

It is the sole responsibility of the member (patient) to maximize benefits by arranging the appropriate appointments with the 12-month period. If the appointments are not used, the member will not be entitled to a refund. Membership is for individual use. Additional memberships may be purchased for additional family members.

Patient Signature: _____

Date: _____

Purchaser Signature: _____

Financial Coordinator: _____