

## Smile Protection Plan

We at Chandler Dental Excellence would like to take this opportunity to introduce you to our new 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 in 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, ask any questions you have.

ANNUAL (12 month) MEMBERSHIP \$139 Non- refundable. 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), Oral Exams, Periodontal Evaluation, Oral Cancer Screening, Digital X-Rays (either full series or bitewings, excludes panorex), and Intraoral Camera Exam.

All other dental procedures will be performed at 20% off of our usual and customary fees, with the following expectations. *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 Care Credit) outside of our office. No other discounts (such as senior citizen) may be utilized.

For purposes of the SMILE PROTECTION PLAN, a broken appointment counts as a kept appointment if less than 48 hours notice is given. \$28 missed appointment fee still applies.

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: \_\_\_\_\_