



Healthy Smile Protection Plan

Membership Form

Patient Name _____ Renewal Month _____

Membership Plan

___ Single Membership - \$233 ___ Couple Membership - \$443

___ 3 Family Members - \$646 ___ 4 Family Members - \$841

___ More than 4 Family Members at an additional \$190 per member

Regular Price of 2 routine hygiene visits with exam and x-rays *Adult \$526 * Children \$462

If Couple Membership, please list additional name: _____

If Family Membership, please list all participating patient's names:

I understand that **The Healthy Smile Protection Plan** will include the following:

For a flat annual fee every year, Healthy Smile Protection Plan participants will be eligible for:

- **Two Dental Hygiene visits a year including oral exam, & x-ray**
- **Fluoride included on children 13 & Under**
- **Intraoral Camera Exam & Oral Cancer Screening Included**
- **Periodontal Disease Care (Unhealthy Gums) -- Reduced 20%**
- **All Dental Lab Procedures- Crowns, Dentures, Bridges, Partials -- Reduced 20%**
- **All General Dentistry Procedures – Fillings, Extractions – Reduced 20%**
- **Additional X-Rays taken at Doctor visits – Intraoral x-rays- Reduced 20%**

I understand that it is the sole responsibility of the member to maximize their benefits by arranging all the appropriate appointments within the 12-month plan period. If the appointments are not used, the member will not be entitled to a refund. Renewal payment is due the beginning of the same month each year.

I understand that **The Healthy Smile Protection Plan** is not an insurance plan and is only available to patients of record at Singing River Dentistry. This is only available to patients without another dental insurance and will become void, without refund upon the purchase of another dental insurance plan.

Patient's Signature _____

Date _____

I do not want to sign up for the Health Smile Protection Plan at this time. _____ (Initial)