

Smile Advantage Membership Registration:

Responsible Party Information:

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: ____/____/____ E-mail Address: _____

Enrollee Information:

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Pricing:

Youth Plan - \$382/person - New Patient

Youth Plan - \$349/person - Existing Patient

Adult Plan - \$524/person - New Patient

Adult Plan - \$418/person - Existing Patient

Perio Plan - \$736/person

TOTAL PATIENTS ENROLLING: _____

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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. Monthly payments are available for a 20% surcharge with an initial enrollment fee of \$99.

If the monthly payment option is chosen, payments are as followed and no interest will be applied:

- \$38 monthly fee per Youth Plan - New Patient
- \$35 monthly fee per Youth Plan - Existing Patient
- \$52 monthly fee per Adult Plan - New Patient
- \$42 monthly fee per Adult Plan - Existing Patient
- \$74 monthly fee per Periodontal Plan

Payment options:

Cash Credit Card Check ACH

Bank ACH Debit:

Bank Name: _____ Bank Routing Number: _____ Account Number: _____

Credit Card Information:

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

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!

ALL PLANS INCLUDE:

Oral Cancer Screenings • 1 Cosmetic Consultation

\$500 Off Invisalign • \$199 Professional Whitening

• Custom take home whitening trays with gel •

DESIGNED WITH YOU IN MIND.

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) • No excluded procedures

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.

Lakeshore Dental Care

4695 Old Canoe Creek Rd, St. Cloud, FL 34769

407-957-6760

info@mylakeshoredental.com

www.mylakeshoredental.com

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Youth Plan NEW PATIENTS 12YRS AND YOUNGER

¹\$38/mo

¹\$382/yr

- 1 Initial Comprehensive Exam & 1 Routine Exam
- 2 Cleanings
- Yearly Bitewing X-Rays
- 2 Fluoride Treatments (as indicated)
- **15% Off** All Other Treatment

Youth Plan EXISTING PATIENTS 12YRS AND YOUNGER

¹\$35/mo

¹\$349/yr

- Up to 2 Routine Exams & Cleanings
- Yearly Bitewing X-Rays
- 2 Fluoride Treatments (as indicated)
- **15% Off** All Other Treatment

Adult Plan NEW PATIENTS

¹\$52/mo

¹\$524/yr

- 1 Initial Comprehensive Exam & 1 Routine Exam
- 2 Cleanings
- Full Set of X-rays (FMX)
- 1 Emergency Visit
- **15% Off** All Other Treatment

Adult Plan EXISTING PATIENTS

¹\$42/mo

¹\$418/yr

- Up to 2 Routine Exams & Cleanings
- Yearly Bitewing X-Rays
- 1 Emergency Visit
- **15% Off** All Other Treatment

Perio Plan

¹\$74/mo

¹\$736/yr

- Up to 4 Perio Maintenance Cleanings
- 2 Routine Exams
- Yearly Bitewing X-Rays
- 1 Emergency Visit
- **15% Off** All Other Dental Treatment

Please return completed membership agreement and payment to the following:



Mail to: **Lakeshore Dental Care**
4695 Old Canoe Creek Rd, St. Cloud, FL 34769
info@mylakeshoredental.com
407-957-6760
www.mylakeshoredental.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.
- If you are a current patient enrolling in the Smile Advantage Plan, your account **MUST** have a **ZERO** balance.
- The plan is not retro-active and will become effective on the date of enrollment.
- 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.** The plan is non-transferrable.
- 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, the 15% discount is void.
- If paying for treatment using CareCredit or Lending Club, the discount offered on treatment will be 5%.
- The member has the right to opt out of the plan for a full refund within **30 days** of enrollment as long as treatment has not started. If **ANY** treatment has been performed or if 30 days from enrollment have lapsed, **NO** refund will be given. The member will be responsible for paying the remaining balance regardless of services rendered.
- Services are based upon a plan year. The full membership dues are due on the date of enrollment and eligibility will begin at that time remaining active for one year. There are no waiting periods. Your membership can be renewed at the end of each plan year.
- If appointments are broken **without 24 hours prior notice**, a cancellation fee will apply.

Smile Advantage 
DENTAL SAVINGS FOR HEALTHY SMILES

Brought to you by **Lakeshore Dental Care**

