

Smile Savers Club - Preventative Adult \$375

Plan Terms and Conditions:

- Adult plan is for patients ages 14 and older.
- **Only patients without dental insurance are eligible for membership.**
- Enrollment period begins on the day the agreement is signed.
- Payment options:
 - Payment in full by Cash/Check/Credit Card/Debit Card on or before the first date of service for membership fee.
 - Care Credit or equivalent options through a third party finance company cannot be used with the 10% Smile Savers Club discount.
- Membership period **expires 1 year** after the date of enrollment. This program does not automatically renew. It is the patient's responsibility to renew membership as needed.
- Dental services must be **paid in full** on the day of treatment.
- **Patients are responsible for utilization** of services during the membership period. Unused services and membership fees are not transferable or refundable. Unused membership services cannot be carried over to the next year.
- Membership discounts **cannot be combined** with any other discount offers.
- Annual fee is subject to change without notification at the end of the membership period.
- Appointments canceled without a 24 hour advance notice are subject to a cancellation fee. *Canceled appointments make it difficult to accommodate the needed cleanings in 12 months.*
- This is a discount membership club and not dental insurance.

Benefits:

Members will receive 1 Complete Exam or Periodic Exam, 1 Emergency (Limited) Exam, all Standard 2D Dental Radiographs as needed, 2 Preventative Cleanings with Oral Hygiene Coaching and home care kit.

- Club membership entitles the patient to a 10% discount on all dental treatment when paid in full on or before the day of service.
- There are no waiting periods.
- No maximum benefit.
- \$149 Full Mouth Whitening

Limitations:

- 3D radiographic imaging is not included in membership, but a 10% discount will apply.
- No discount available on Invisalign orthodontics.

By signing below, I acknowledge that I have read and agree with the terms and conditions of the Smile Savers Club. I authorize Westmount Dental Arts to process payment as listed in the agreement.

Name of Member: _____

Signature of responsible party: _____ Date _____

*Membership is effective for 12 months from the signature date above.