

Credit Card Information: (Monthly Payment Option)

Visa MasterCard Discover American Express

Cardholder Name: _____

Card Number: _____ Expiration Date: ____ / ____ Security Code: _____

Please return completed agreement and payment to one of the following:

Mail to: Ellis Dental
Attn: Smile Advantage Plan
10000 Watson Road, Suite 2K
St. Louis, MO 63126

Email to: nicole@ellisdental.com

Plan Terms and Conditions:

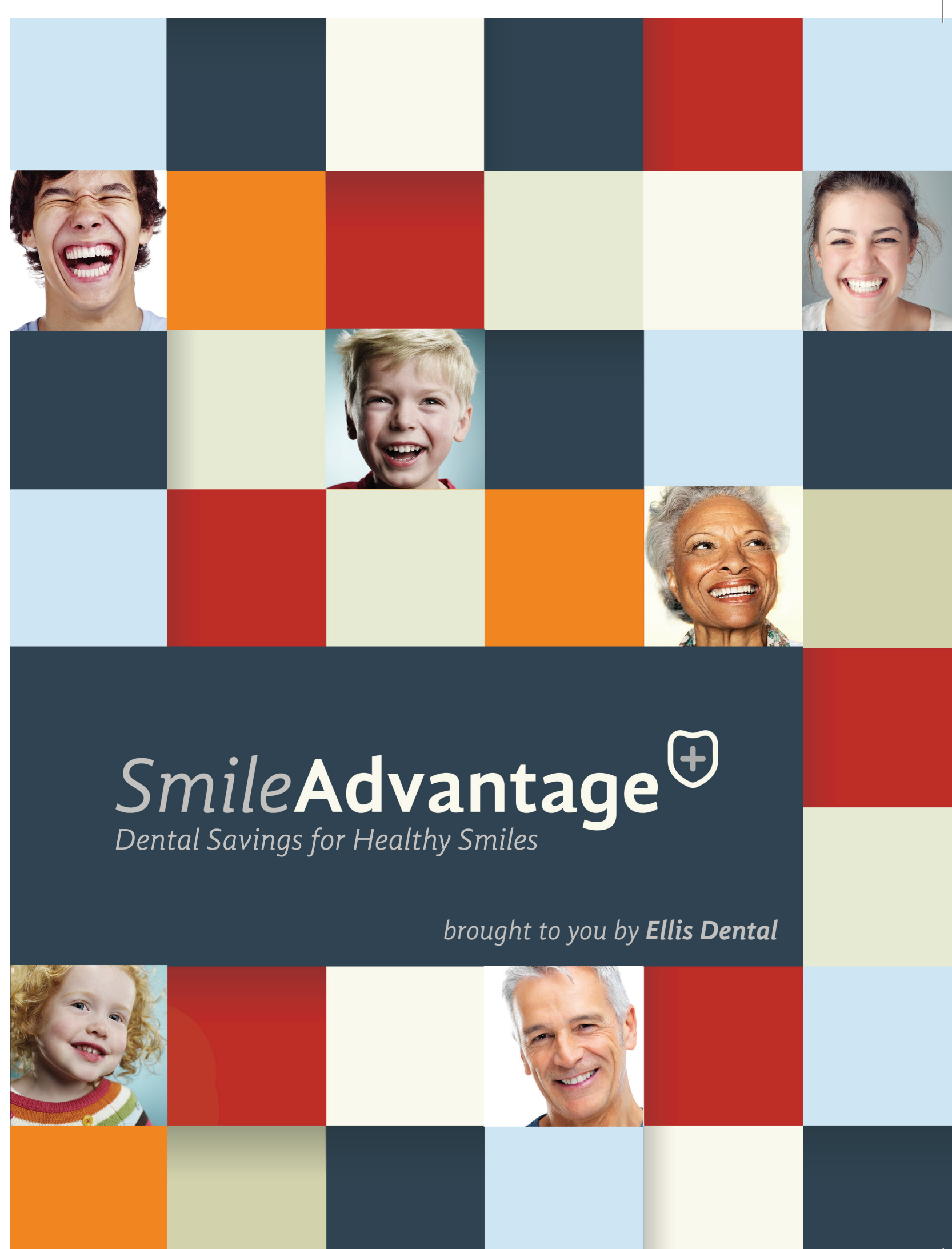
- This is **NOT** dental insurance, rather a savings plan. This savings plan cannot be used in conjunction with dental insurance or other discounts. A member is NOT eligible to sign up if they have an **ACTIVE** insurance plan. This plan is only valid at Ellis Dental. Care from other providers or specialists 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.
- It is the patient's responsibility to inform Ellis Dental of changes in billing information due to expired credit/debit cards, etc. Expired cards are not a valid reason for non-payment. If we are unable to process a member's monthly credit card, the Smile Advantage Plan is **VOID** until payment is made. Any unused benefits during this time are relinquished. Any scheduled future appointments will be cancelled and cannot be rescheduled until account is in good standing.
- The Smile Advantage Plan cannot be combined with any other Ellis Dental payment plan options. 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.
- 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 or first payment plus processing fees are due on the date of enrollment and eligibility will begin at that time remaining active for one year. All future payments will be processed on the first of each month thereafter. 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.
- This basic plan is designed for patients who do not have infection present in the mouth. If periodontal infection is present, an alternative periodontal plan will be **required** at a fee of \$649.00, as additional visits and treatment are required. This alternative plan includes up to four periodontal maintenance cleanings within the plan year.

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the Smile Advantage Plan. I authorize Ellis Dental to process my payment as listed in this Agreement.

Signature of Responsible Party: _____ Date: ____/____/____

FOR OFFICE USE ONLY: EFFECTIVE DATES: ____/____/____ TO ____/____/____ Membership Activated

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Child*



ONLY

\$299

Adult†



ONLY

\$349



ELLIS DENTAL

visit us at

www.ellisdental.com

or call us at (314) 965-1334

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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!

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. We also offer a monthly payment schedule that makes the plan more accessible to those who need special financing options. Thanks to the Smile Advantage Plan, the quality care you deserve is now available at a bigger savings than you ever imagined possible.

Our plan is designed to provide greater access to quality dental care at an affordable price.

- 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)

The Smile Advantage Plan Includes:

- Up to 2 Exams, Routine Cleanings and Necessary X-rays
- 1 Emergency Care Visit: Exam and Necessary X-rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation
- \$500 Off Invisalign®
- 15% Discount on All Other Dental Treatment

Program Exclusions & Limitations

This is a savings plan, not dental insurance. It cannot be combined with any other insurance. It is only valid at Ellis Dental; care from other providers and specialists is not included. Plan fees are subject to change. For complete details, see Plan Agreement or Plan Terms and Conditions.

* Children 13 or younger.

† If periodontal infection is present, a periodontal plan may be required at an additional charge.

Smile Advantage Plan Agreement

Responsible Party Information:

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: ____/____/____

E-mail Address: _____

Your Smile Advantage Plan Includes

- Up to 2 Exams, Routine Cleanings and Necessary X-rays
- 1 Emergency Care Visit: Exam and Necessary X-rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation
- \$500 Off Invisalign®
- 15% Discount on All Other Dental Treatment

Enrollee Information:

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

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

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

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

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

Pricing:

Children (ages 13 and under) - \$299/person TOTAL CHILDREN ENROLLING: _____

Adults (ages 14 and over) - \$349/person* TOTAL ADULTS ENROLLING: _____

*Please see Plan Terms and Conditions for supplemental periodontal plan pricing.

Payment Details:

Fees will be due at the time of enrollment. Monthly payments are available for a 20% surcharge and an initial processing fee.

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

- An initial processing fee of \$35 per household
- A \$35 monthly fee per Adult (ages 14 and older)
- A \$30 monthly fee per Child (ages 13 and under)
- A \$65 monthly fee for Periodontal Plan

Payment options:

Cash Check Credit Card

Monthly -Credit Card Only- processed 1st of each month or following business day