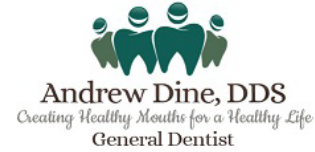


Please return completed agreement and payment to the following location:



Mail to: Andrew Dine, DDS, Inc.
Clock Tower Place
1251 Nilles Rd. #16
Fairfield, OH 45014
513-829-9700
drdine@fuse.net
www.drdine.com OR rebrand.ly/AndrewDineDDS

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.
- It is the patient's responsibility to inform this dental office 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.
- 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 Care Credit, 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 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 will automatically be renewed at the end of each plan year if a 45-day notice is not received in writing to our office. The card used to pay for your membership plan the previous year or on a monthly basis will be used to renew your membership.
- If appointments are broken without 24 hours prior notice, a cancellation fee will apply.



SmileAdvantage 
Dental Savings for Healthy Smiles

brought to you by Andrew Dine, DDS, Inc.



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 (6 months apart) and Necessary X-Rays
- Perio Plan - Up to 4 Perio Maintenance Cleanings, 4 Exams & Necessary X-rays
- 2 Emergency Care Visits: Exam & Necessary X-Rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation
- Whitening Services - Sinsational Smile and/or Whitening for Life - \$89 each (regularly \$99/each)
- 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:

Single Plan: \$299
Perio: \$499 (\$30 savings)
Dual Plan: \$568 (\$30 savings)
Family Plan (family of 3): \$837 (\$60 savings)
***Each Additional Family Member: \$269 (\$30 savings)

Total Patients Enrolling: _____ Membership Total: \$ _____

Payment Details:

Fees will be due at the time of enrollment. However, monthly payments are available and an initial processing fee will be applied. If the monthly payment option is chosen, payments are as followed and no interest will be applied:

An initial processing fee of \$30 per household
Single Plan: \$25 per month (\$300/yr)
Perio Plan: \$44 per month (\$528/yr)
Dual Plan: \$50 per month (\$600/yr)
Family Plan (family of 3): \$75 per month (\$900/yr)
***Each Additional Family Member: \$24 per month

Payment options:

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

Credit Card Information: (Monthly Payment Option)

Visa MasterCard Discover American Express

Cardholder Name: _____

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

Your membership will be automatically renewed at the end of each plan year. See Plan Terms & Conditions for more details.

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

Single Plan



ONLY

\$299 or (\$25/mo)

Perio Plan**



ONLY

\$499 or (\$44/mo)

Dual Plan



ONLY

\$568 or (\$50/mo)

Family Plan



ONLY

\$837 or (\$75/mo)

Andrew Dine, DDS, Inc.

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Fairfield, OH 45014
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What is the Smile Advantage Plan?

The Smile Advantage Plan is a membership-based dental savings plan for patients without insurance, that provides the quality care they deserve at a price they can afford. This is not dental insurance, but rather a dental savings plan, and cannot be combined with insurance. 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. 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 (6 months apart) and Necessary X-Rays
- Perio Plan - Up to 4 Perio Maintenance Cleanings, 4 Exams & Necessary X-rays
- 2 Emergency Care Visits: Exam & Necessary X-Rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation
- Whitening Services - Sinsational Smile and/or Whitening for Life - \$89 each (regularly \$99/each)
- 15% Discount on All Other Dental Treatment

Program Exclusions & Limitations

This is a savings plan, not dental insurance. It cannot be combined with any insurance. It is only valid at this dental office; 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.

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