

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

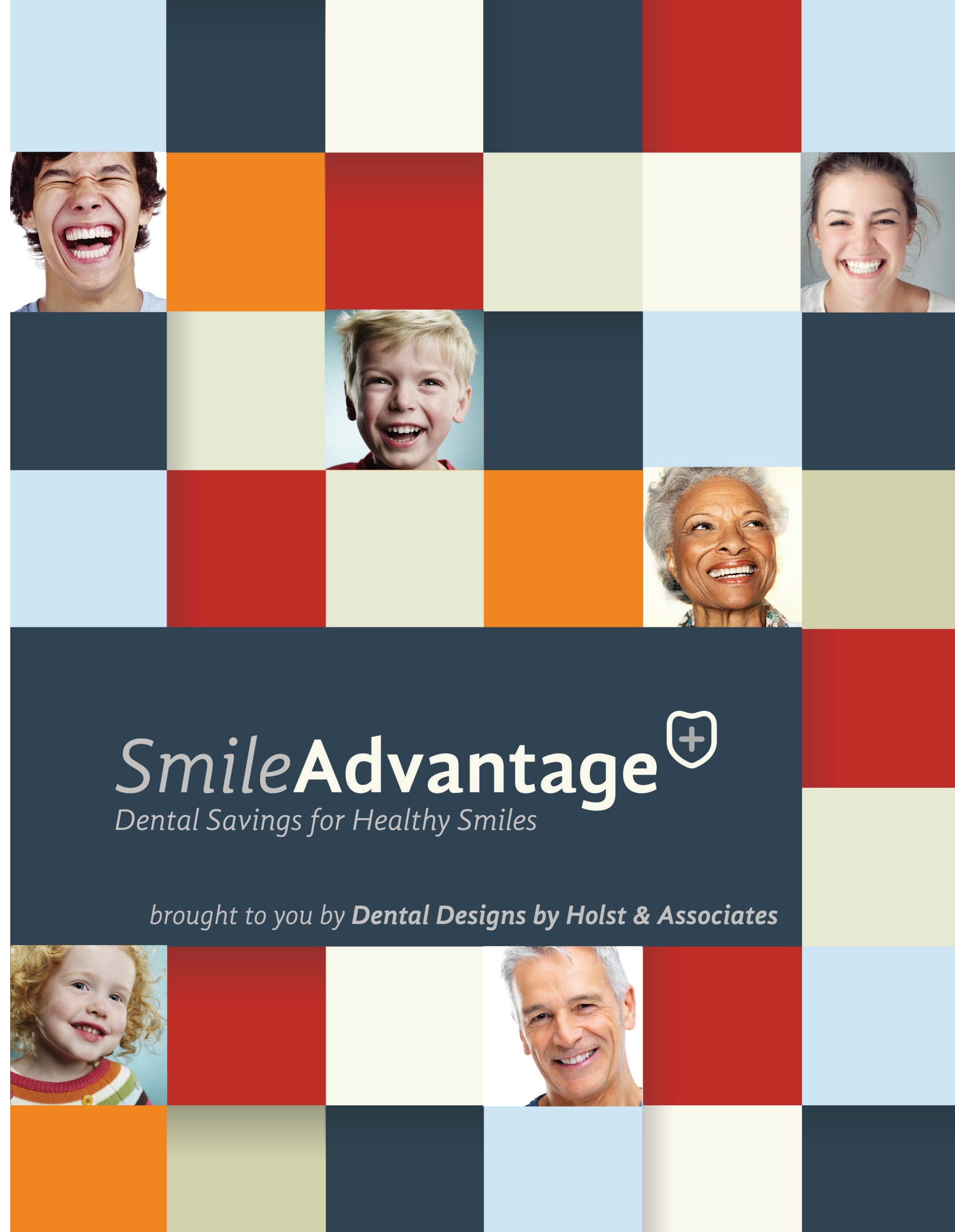


Mail to: Dental Designs by Holst & Associates
401 E Robinson
Knoxville, IA 50138
641-828-8778

dentaldesigns@securepracticemail.com
www.dentaldesignsknoxville.com OR <https://rebrand.ly/Dental-Designs>

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 20% discount is void. If paying for treatment using Care Credit, the discount offered on treatment will be 10%.
- 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 may apply.



SmileAdvantage 
Dental Savings for Healthy Smiles

brought to you by Dental Designs by Holst & Associates

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

- **Established Patient:** Up to 2 Routine Cleanings & Exams and Bitewing X-rays
- **New Patient:** Up to 2 Exams, 2 Cleanings & Necessary X-Rays
- **Perio Plan** - Up to 4 Perio Maintenance Cleanings, 2 Exams & Bitewing X-rays
- 1 Emergency Care Visit: Exam and Necessary X-rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- Cosmetic Consultation
- Free Nitrous Oxide (For Restorative Treatment)
- Whitening For Life - Only \$89 (Regularly \$99)
- 20% 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:

Established Patient - \$299/person	Total Patients Enrolling: _____	Plan Total: \$ _____
New Patient - \$399/person	Total Patients Enrolling: _____	Plan Total: \$ _____
Perio Plan - \$519/person	Total Patients Enrolling: _____	Plan Total: \$ _____
		Membership Fees: \$ _____

Family Plan Option: First two members pay full price. Each additional receives an additional savings of \$50 off each membership fee.

Discount Total: \$ _____

Membership Total: \$ _____

Payment Details:

Fees will be due at the time of enrollment.

Payment options:

Cash Check Credit Card (Care Credit is not accepted for membership fees.)

Credit Card Information:

Visa MasterCard Discover

Cardholder Name: _____

Last 4 Digits of Card #: _____ 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

Established Patient



ONLY

\$299

New Patient



ONLY

\$399

Perio Plan**



ONLY

\$519

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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. 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:

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- **Perio Plan** - Up to 4 Perio Maintenance Cleanings, 2 Exams & Bitewing X-rays
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- Free Nitrous Oxide (For Restorative Treatment)
- Whitening For Life - Only \$89 (Regularly \$99)
- 20% Discount on All Other Dental Treatment

Program Exclusions & Limitations

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