

Please return completed agreement and payment to the following:



NORTH APPLETON
DENTISTRY LLC

Mail to: North Appleton Dentistry
Dr. Emily Ruthven and Dr. Daniel Cepeda
3521 Commerce Ct
Appleton, WI 54911
920-734-7730

smile@northappletondentistry.com
www.northappletondentistry.com OR rebrand.ly/NorthAppletonDentistry

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.
- 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.



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 X-Rays (Bitewings/Full Mouth Series/Panoramic Film)
- Perio Plan: Up to 4 Perio Maintenance Cleanings, 2 Exams and X-Rays (Bitewings/Full Mouth Series/Panoramic Film)
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- Free Nitrous Oxide
- 1 Cosmetic Consultation
- Free Botox/Juvederm Consult
- \$500 Off Invisalign® or Traditional Orthodontic Therapy/Appliance Therapy
- Zoom Full Mouth Whitening - Only \$249 (Includes take home trays & one whitening syringe)
- Free Sleep Apnea Consult
- \$200 Off Sleep Apnea Appliance
- 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) - \$360/person
Adults (ages 14 and over) - \$420/person
Perio Plan - \$695/person

TOTAL CHILDREN ENROLLING: _____
TOTAL ADULTS ENROLLING: _____
TOTAL ADULTS ENROLLING: _____

Payment Details:

Fees will be due at the time of enrollment. When paying the yearly membership fee up front in full, a 5% discount will be applied.

Monthly payments are available for a 20% surcharge and an initial processing fee. **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
- A \$36 monthly fee per Child (ages 13 and under)
- A \$42 monthly fee per Adult (ages 14 and older)
- A \$70 monthly fee per Periodontal Plan

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

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: ____/____/____

Child[†]



ONLY
\$360

Adult



ONLY
\$420

Perio Plan^{**}



ONLY
\$695

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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:

- Up to 2 Exams, Routine Cleanings and X-Rays (Bitewings/Full Mouth Series/Panoramic Film)
- Perio Plan: Up to 4 Perio Maintenance Cleanings, 2 Exams and X-Rays (Bitewings/Full Mouth Series/Panoramic Film)
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- Free Nitrous Oxide
- 1 Cosmetic Consultation
- Free Botox/Juvederm Consult
- \$500 Off Invisalign® or Traditional Orthodontic Therapy/Appliance Therapy
- Zoom Full Mouth Whitening - Only \$249 (Includes take home trays & one whitening syringe)
- Free Sleep Apnea Consult
- \$200 Off Sleep Apnea Appliance
- 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 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.

[†]Children 13 or younger

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