

Please return completed agreement and payment to the following:

**Mail to:** Memorial City Dentistry  
831 Frostwood Dr  
Houston, TX 77024  
713-467-3889  
memorialcitydentistry@gmail.com  
memorialcitydentistry.com OR rebrand.ly/MemorialCityDentistry

**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 15% 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 fees 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 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 Necessary X-rays
- Senior Plan - Up to 3 Routine Cleanings, 2 Exams, All Necessary X-Rays & 20% Discount On All Other Treatment
- Perio Plan - Up to 4 Perio Maintenance Cleanings, 2 Exams & 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
- 50% Off Nitrous Oxide
- Full Mouth Whitening (take home trays) - Only \$149
- 15% Discount on All Other Dental Treatment (20% for Senior Plan)

## 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  
Adults (ages 14 and over) - \$349/person  
Seniors (ages 65 and over) - \$349/person  
Perio Plan - \$649/person

TOTAL CHILDREN ENROLLING: \_\_\_\_\_  
TOTAL ADULTS ENROLLING: \_\_\_\_\_  
TOTAL SENIORS ENROLLING: \_\_\_\_\_  
TOTAL ADULTS ENROLLING: \_\_\_\_\_

## Payment Details:

Fees will be due at the time of enrollment.

## Payment options:

Cash  Check  Credit Card  Care Credit

## Credit Card Information:

Visa  MasterCard  Discover  American Express

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY: EFFECTIVE DATES: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  Membership Activated

## Child<sup>†</sup>



ONLY  
**\$299**

## Adult



ONLY  
**\$349**

## Senior\*



ONLY  
**\$349**

## Perio Plan\*\*



ONLY  
**\$649**

## Memorial City Dentistry

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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 & Necessary X-rays
- 1 Emergency Care Visit: Exam and Necessary X-rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 50% Off Nitrous Oxide
- Full Mouth Whitening (take home trays) - Only \$149
- 15% Discount on All Other Dental Treatment (20% for Senior Plan)

## 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

\* For ages 65+

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