

# Healthy Smile Program

## Plan Description

Welcome to the Suburban Family Dental Healthy Smile Program. This plan was developed especially for our patients who do not have dental insurance or whose employer no longer provides it. As regular dental care is an integral part of your overall health, we have created this plan to support you in your efforts. We hope that you utilize this plan to improve and maintain the oral health for yourself and your family for years to come. Keep in mind that this plan is not dental insurance, but it has a number of great features that are very exciting:

- NO annual maximum benefits.
- NO waiting periods—start your treatment today!
- NO deductibles
- NO claim forms or pre-authorizations
- NO ID card necessary
- Cosmetic dentistry included

## Benefits Included:

- Two routine exams (D0120)
- Two bitewing x-rays children (D0272) or Four bitewing x-rays adult (D0274) per 12-month period
- Two routine cleaning adult (D1110), child (D1120)
- One topical fluoride application for children up to age 16 (D1208)
- Two emergency exams (D0140) and all necessary x-rays (D0220, D0330)
- All eligible dental treatment discounted by 20% off our standard fees when paid in full at the time of service.

## Enrollment Fees:

Payment of enrollment fees initiates coverage. When paid in full, you become eligible for all covered services at a 20% discount.

Single adult members.....\$399.00  
Single child member (16 y/o and younger).....\$349.00

## **Policies and Exclusions**

### Eligibility

- This plan is only good at Suburban Family Dental.
- The Healthy Smile Program is not dental insurance.
- This plan cannot be combined with any other dental insurance.
- This plan cannot be combined with any other offers.
- If the patient has and elects to use dental insurance, insurance plan fees, payment, and deductibles will apply.
- All patients are subject to Suburban Family Dental Care office policies.
- Patient can schedule cleanings anytime within their 12-month period.
- Bitewing x-rays one set every 12 months. Panoramic x-ray one every 36 months. Periapical X-rays as needed for diagnosis.

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Initial

### Payments

- All payments are due **at the time of service** to receive the 20% discount. Any services that are not paid in full at the time service will be billed at our regular fees.
- Enrollment fees must be paid in full to receive discounts.
- All membership fees and co-payments are non-refundable.
- No refunds will be given if a member and/or spouse or children do not use the plan, relocate, or obtain dental insurance.
- 12-month term effective from sign up and payment date to renewal date.

### Exclusions

- Invisalign, and orthodontic treatment are discounted 10%.
- Plans and fees are subject to change yearly.
- No discount will be offered for services requiring referral to a specialist. Referral to specialist is at the discretion of the doctor. Dental Plan discounts for dental services provided in association with benefits received from an alternate source (i.e. workman's compensation) is excluded.
- Treatment initiated prior to enrollment is not eligible for discount.
- Prostheses delivered or in-progress treatment completed more than 60 days after termination of coverage is not eligible for discount.
- Periodontal therapy including scaling and root planning is covered by 20% discount.
- Treatment fees are guaranteed for 3 months from the date quoted by the office.
- Suburban Family Dental Care reserves the right to discontinue this plan for any member at any time.
- If you choose to extend your payment for treatment by paying through Care Credit, the treatment discount is reduced to 15% due merchant fees.
- Dental products not included.
- Fees and plan discounts are subject to change without notice.
- All member co-payments are due at time of service. Membership in the Dental Plan may be terminated for abuse and failure to pay membership fees or properly billed work.
- Any dental procedure in progress or performed before or after a member's eligibility period is excluded.
- Replacement for lost or stolen bridgework or appliances is excluded.
- Treatment required due to hospital and medical charges or self-inflicted wounds of any kind is excluded.
- Treatment to correct congenital, development, or medically induced dental disorders is excluded (i.e. TMJ).
- **Appointment cancelled or failed without a 24-hour notice will be forfeited.**
- Appointment not scheduled or used within the 12-month period cannot be carried over to the next 12-month period.
- For treatment, which, in the sole opinion of the treating Dentist, lies outside the realm of their capability is excluded.
- For hospitalization or hospital chargers of any kind is excluded.

I have read and understand the terms and conditions of the Healthy Smile Program and hereby request membership. I also understand that the membership fees indicated above constitute acceptance for membership in the Healthy Smile Program for the twelve (12) months beginning on the date the application is actually signed, paid in full, and approved.

X \_\_\_\_\_

Applicant Signature or Guardian

Date