

Smile Savers Program Terms and Conditions (Adult)

Shablott Family Dentistry's **Smile Savers™ Adult Cleaning and Maintenance Program** provides patients without dental insurance with routine preventative dental care and discounts on most dental treatment for one low annual fee.

Smile Savers™ - Adult Cleaning and Maintenance Program \$472.00

Program Advantages:

- No limitations for pre-existing conditions
- No “yearly maximums”
- No “deductibles” or “co-payments”
- No claim forms
- No need to obtain “pre-authorization”
- No need to wait for treatment
- No membership card needed
- Tailored to your unique needs

Services Included With Your Annual Fee:

- Two (2) routine cleanings (code 1110) per year
- Two (2) fluoride treatments
- One (1) four bitewing x-rays series
- Two (2) Regular periodic exams
- One (1) emergency exam
- 15% savings on dental treatment (excluding IV sedation and merchandise)

Reduced Fee Services:

- **15% discount** on the following types of dental treatment:
 - Tooth colored fillings, crowns and bridges
 - Dentures and Partials
 - X-rays
 - Root canals
 - Extractions, including wisdom teeth
 - Mini Dental implants
 - Cosmetic care, including teeth whitening and veneers
 - Gum Disease Treatments, including scaling and root planing, arestin,
 - 6 Month Smiles
 - Comprehensive Orthodontics for adults



Dental Care Not Included In Annual Program Fee and Not Eligible for Discount:

- IV Sedation Fees
- Merchandise (e.g., electric toothbrushes, water pik, etc.)

Program Terms:

- Fees are non-refundable, non-transferable, and cannot be applied to a future time, even if the participant does not utilize the program at all during the one year program participation period
- Smile Savers Program fee must be paid in full at beginning of program period via cash, check or credit card (Visa, MasterCard or Discover) to be eligible for included and discounted treatment
- Discounted treatment is not eligible for other discounts (e.g., cash or check discount)
- To receive all discounts on treatment, the participant patient must remain enrolled in the Smile Savers Program throughout the course of treatment
- Annual fees and treatment costs are subject to change to without notice
- The Program cannot be applied retroactively to dental treatment received prior to participation
- Included treatment cannot be transferred between family members
- Minnesota care provider tax will be added to all treatment, whether or not eligible for discount. However, the care provider tax itself is not subject to any discount

Program Conditions, Limitations and Disclosures:

- Primary applicant must be 18 years or older
- All dental treatment is provided by Shablott Family Dentistry only
- The Smile Savers Program offered by Shablott Family Dentistry is not dental insurance, a dental benefit plan, health insurance or a health benefit plan
- This program is unrelated to, and does not meet, the minimum creditable coverage requirements under any law and is not intended to be a Qualified Health Plan under the Affordable Care Act
- The Smile Savers Program is offered as a way to make dental care more accessible. This program cannot be used:
 - In conjunction with any other discounts, dental or health plan, or dental or health insurance
 - In treatment plans addressing any injury covered by workers' compensation insurance, auto insurance, disability insurance, medical insurance, or where the treatment is involved, in any way, with a civil or criminal legal proceeding.
 - Combined with any other offer from Shablott Family Dentistry with the exception of free nitrous oxide
 - For treatment that, in our professional opinion, requires referral to a specialist, and treatment provided by any specialist to whom you have been referred by Shablott Family Dentistry
 - For treatment with any dentist or specialist outside of Shablott Family Dentistry
- Participants are obligated to pay *in full* for all discounted dental treatment provided at the time of treatment



Smile Savers™ Participant Information: Adult Cleaning and Maintenance

Please complete the following information, including all household members participating in the program:

PRIMARY PARTICIPANT

_____	_____	_____	____/____/____
(Last Name)	(First Name)	(Middle)	(Date of Birth)
_____		_____	_____
(Street Address)		(City, State)	(Zip)
_____	_____	_____	
(Home Phone)	(Cell Phone)	(Work Phone)	
_____	____-____-____	S M D W DP	M F
(E-mail)	(Social Security Number)	(Marital Status)	(Gender)

LEGAL GUARDIAN (if applicable)

_____	_____	_____	____/____/____
(Last Name)	(First Name)	(Middle)	(Date of Birth)
_____		_____	_____
(Home Phone)		(Cell Phone)	(Work Phone)
_____	____-____-____		M F
(E-mail)	(Social Security Number)		(Gender)

Additional Program Information:

- This program does not require a membership card, ID number, or group number
- All program information is kept in electronic format on the Shablott Family Dentistry system
- The effective date is the day you sign up and your renewal date is the same date each year
- This program is not eligible to persons who have dental insurance or a dental benefit plan

I have read and understood the Smile Savers Program Terms and Conditions offered by Shablott Family Dentistry.

Applicant's Signature _____ *Date* _____

Legal Guardian Signature _____ *Date* _____

Program Start Date _____ **End Date** _____

