



The Magnificent Smile Dental Plan:

Our Dental Plan has been designed to provide a way for our patients to obtain quality dental care they need at the most affordable rate. No deductibles, claim forms, waiting period, annual maximum or exclusions on treatment.

Membership includes the following services at no charge:

Basic Plan

Adults: \$30/month

Children (12 years or under): \$25/month

- ◆ 2 periodic exams per year
- ◆ 2 basic cleanings per year (non-periodontal based)
- ◆ 1 set of bitewing x-rays per year
- ◆ 1 set full mouth x-rays every 5 years
- ◆ 2 fluoride varnish treatments per year
- ◆ 1 limited exam
- ◆ Basic plan also includes:
 - ◇ 10% fee reduction off Basic dental services (Fees that are usually under \$600)
 - ◇ 15% fee reduction off Major dental service: (Fees that are usually over \$600)

Premier Plan

Adults: \$38/month

- ◆ 2 periodic exams per year
- ◆ 3 basic cleanings per year (non-periodontal based)
- ◆ 1 set of bitewing x-rays per year
- ◆ 1 set full mouth x-ray every 5 years
- ◆ 2 fluoride varnish treatments per year
- ◆ 1 limited exam
- ◆ Premier plan also includes:
 - ◇ 10% fee reduction off Basic dental services (Fees that are usually under \$600)
 - ◇ 15% fee reduction off Major dental services (Fees that are usually over \$600)

Program Guidelines:

- ◆ Your effective date is the day you sign up and your renewal date is the same date every year.
- ◆ Cleanings must be performed before the end coverage date.
- ◆ The minimum enrollment period is 12 months.
- ◆ There are no refunds for paid premiums, even if the benefits are not utilized during the participation.
- ◆ Co-payment is due at time of service for any work received. Any service not paid at the time of service will be billed at usual and customary fees.
- ◆ A missed appointment without 24 hour notice for a cleaning will be considered as a visit.
- ◆ Family members cannot be substituted in for another family member.

Exclusions and Limitations:

The Magnificent Smile Dental Plan is not an insurance plan and we are not a licensed insurer, health maintenance organization, or other underwriter of health services. This plan may not be combined with any other insurance policy, offers, discounts, or advertisements. The fee reduction cannot be applied to Botox, Invisalign or Zoom procedures. The discounts offered are valid only at this office and for services, not products. It cannot be used for treatment with another dentist or specialist to whom we refer.

THE MAGNIFICENT SMILE DENTAL PLAN MEMBERSHIP APPLICATION

COVERAGE TYPE (PLEASE CIRCLE ONE)

BASIC

PREMIER

MEMBER INFORMATION

Name:

Date of birth:

SSN:

Female Male *(Please circle)*

Current address:

City:

State:

ZIP Code:

Phone:

Email:

MEMBER 2 INFORMATION

Name:

Date of birth:

SSN:

Female Male *(Please circle)*

Phone:

Email:

AUTHORIZATION FOR PRE-ARRANGED PAYMENTS

Credit Card #:

VISA MC AMEX DS
(Please circle)

Name on card:

Expiration Date:

CVV Code:

SIGNATURE

I have read and understand the terms and conditions of The Magnificent Smile Dental Plan as listed on the back of this form and hereby request membership. I also understand the membership fees indicated above constitute acceptance for membership in The Magnificent Smile Dental Plan for the twelve (12) months beginning on the date that the application is actually received and approved. I hereby request and authorize The Magnificent Smile to deduct a monthly membership fee from my account with the financial institution named above on the 1st of each month or the first business day thereafter. This authority shall remain in effect for the minimum twelve-month period and thereafter until revoked by me in writing and until said notice is actually received. I agree that The Magnificent Smile shall be under liability whatsoever upon processing these payments in accordance with the terms.

Signature of applicant:

Date: