



www.InnovativeDentalHealth.com

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MARPLE COMMONS
2002 SPROUL ROAD | SUITE 100
BROOMALL, PENNSYLVANIA 19008

SMILES CLUB MEMBERSHIP

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Smiles Club Membership includes the following benefits on a 12-month basis:

ADULT COMPLETE	PERIO COMPLETE	CHILD COMPLETE <small>(13 & under)</small>
\$299.00	\$399.00	\$150.00
You Pay: \$299 / year	You Pay: \$399 / year	You Pay: \$150 / year
Value: \$686 / year	Value: \$1,101 / year	Value: \$532 / year
You Save: \$387 / year	You Save: \$702 / year	You Save: \$382 / year
<ul style="list-style-type: none">• 2 Oral Exams• 2 Cleanings*• 1 Emergency Exam• 1 Oral Cancer Screening• Digital X-Rays (as needed)	<ul style="list-style-type: none">• 2 Oral Exams• 4 Perio Cleanings• 1 Emergency Exam• 1 Oral Cancer Screening• Digital X-Rays (as needed)	<ul style="list-style-type: none">• 2 Oral Exams• 2 Cleanings*• 1 Emergency Exam• 1 Fluoride Treatment• Digital X-Rays (as needed)

Smiles Club Membership includes 25% off services such as:

- Bridges
- Extractions
- Cosmetics
- Fillings
- Crowns / Onlays
- Gum Treatments
- Dental Implants
- Invisalign
- Dentures
- Root Canals

Plan Terms and Conditions:

- Smiles Club Membership is **NOT INSURANCE** and is not intended to replace insurance. Smiles Club Membership is not a qualified health plan under the Affordable Care Act.
- Smiles Club Membership cannot be used in conjunction with dental insurance or other discounts. This plan is only valid at Innovative Dental Health only. Care from other providers or specialist is not included. Plan fees are subject to change.
- If you are a current patient enrolling in the Smiles Club Membership, your account **MUST** have a ZERO balance.
- The plan is not retroactive 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 Smile Club Membership is non-transferable.
- In exchange for the care provided under this plan, the covered member agrees to pay in full at the time of treatment. If treatment is not paid in FULL at the time of service, the treatment discount is void.
- The member has the right to opt out of the Smiles Club Membership for a full refund within 30 days of enrollment. There is NO REFUND for dental treatment started within 30 days of enrollment or if 30 days from enrollment have lapsed.
- Smiles Club Membership, services are based upon a plan year. The full membership fee is due on the date of enrollment and remains active for one year from the date of enrollment.
- ***Smiles Club Membership cannot be combined with other discounts, health insurance, dental insurance, or Care Credit.***
- Smiles Club Membership does not include dental products.

\$299 (per person) annual membership fee includes, free of charge: 2 oral exams, 2 cleanings*, 1 emergency exam, 1 oral cancer screening, digital x-rays (as needed). * *In the absence of periodontal (gum) disease.*

\$399 (per person) annual membership fee includes, free of charge: 2 oral exams, 4 perio cleanings, 1 emergency exam, 1 oral cancer screening, digital x-rays (as needed).

\$150 (per person) annual membership fee includes, free of charge: 2 oral exams, 2 cleanings*, 1 emergency exam, 1 fluoride treatment, digital x-rays (as needed). * *In the absence of periodontal (gum) disease.*

Innovative Dental Health accepts: VISA, MasterCard, AMERICAN EXPRESS and DISCOVER

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the Smiles Club Membership. I authorize this dental office to process my payment as listed in this agreement.

Signature of Responsible Party: _____ Date: _____/_____/_____

FOR OFFICE USE ONLY

Eff. Date: _____/_____/_____

Expire: _____/_____/_____