



HEALTHY SMILES MEMBERSHIP PLAN

WE ARE HAPPY TO OFFER OUR HEALTHY SMILES MEMBERSHIP SAVINGS PLAN TO HELP BOTH INDIVIDUALS AND FAMILIES HAVE ACCESS TO QUALITY DENTAL CARE.

OUR MEMBERSHIP PLAN ELIMINATES ALL THE HASSLES OF TRADITIONAL INSURANCE:

- NO DEDUCTIBLES
- NO COPAYS
- NO ANNUAL MAXIMUMS
- NO PRE-EXISTING CONDITION DENIALS
- NO CLAIMS OR PREAUTHORIZATION FORMS
- NO WAITING PERIODS
- NO MONTHLY PREMIUMS
- NO CAPS ON PROCEDURES

We offer 2 different Healthy Smiles Plans:

STANDARD HEALTHY SMILES PLAN
(NO PERIODONTAL DISEASE)
ADULT \$400 PER YEAR
CHILD \$300 PER YEAR

ANNUAL STANDARD MEMBERSHIP
INCLUDES:

- 2 ROUTINE HYGIENE CLEANINGS
- 2 ROUTINE DENTAL EXAMS
- ALL PRESCRIBED X-RAYS
- ORAL CANCER SCREENING
- 1 EMERGENCY VISIT WITH EXAM AND X-RAYS
- 2 FLUORIDE TREATMENTS
- \$500 OFF COMPREHENSIVE ORTHODONTIC TREATMENT
- \$250 OFF OF SLEEP APNEA APPLIANCE
- 25% OFF OF INITIAL KOR WHITENING
- 15% OFF THE REGULAR OFFICE FEE FOR ANY ADDITIONAL TREATMENT NEEDED

PERIO HEALTHY SMILES PLAN
(ACTIVE PERIODONTAL DISEASE)
ADULT \$700 PER YEAR

ANNUAL PERIO MEMBERSHIP
INCLUDES:

- 4 PERIODONTAL MAINTENANCE CLEANINGS
- 2 DENTAL EXAMS
- ALL PRESCRIBED X-RAYS
- ORAL CANCER SCREENING
- 1 EMERGENCY VISIT WITH EXAM AND X-RAYS
- 2 FLUORIDE TREATMENTS
- \$500 OFF COMPREHENSIVE ORTHODONTIC TREATMENT
- \$250 OFF OF SLEEP APNEA APPLIANCE
- 25% OFF OF INITIAL KOR WHITENING
- 15% OFF THE REGULAR OFFICE FEE FOR ANY ADDITIONAL TREATMENT NEEDED

Healthy Smiles Plan Agreement

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

Email : _____

Plan Terms and Conditions:

- This is a savings plan, not dental insurance. It cannot be combined with any insurance or discounts. It is only valid at Infinite Smiles.
- Treatment completed at other providers and specialists is not included.
- Membership dues are to be paid in full on the date of enrollment.
- Plan is effective on enrollment date and active for 1 year from that date. It is not retroactive.
- There are no waiting periods.
- Plan is non-transferable.
- Unused benefits will not be carried over to the next plan year or refunded.
- Fees for all services are due in full at the time of treatment.
- If paying for treatment with CareCredit or Scratchpay, the discount offered on treatment will be 10%.
- Child Plan is only allowed on patients 13 and younger.
- Current Infinite Smiles patients must have a zero balance before they can enroll.
- Plan fees are subject to change.
- Member can opt out of plan with a full refund as long as no treatment has been completed and its within 30 days of enrollment.
- The Standard Healthy Smiles Plan is only for patients with no periodontal infection present.

Signature: _____

Date: ____ / ____ / ____ (Office Use) Plan Effective Date: ____ / ____ / ____



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