



TAKING FAMILY DENTAL CARE TO THE NEXT DEGREE

**\$SMART
\$SAVINGS
\$SYSTEM**

Primary Member Information (must be at least 18 years old)

Name:		Social Security Number:	
Birthdate:		Smart Savings System option:	
Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Employer (or retired):			

Secondary Member Information

Name:		Social Security Number:	
Birthdate:		Smart Savings System option:	
Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Employer (or retired):			

Dependent Information (up to age 25)

Name:		Social Security Number:	
Birthdate:		Smart Savings System option:	
Name:		Social Security Number:	
Birthdate:		Smart Savings System option:	
Name:		Social Security Number:	
Birthdate:		Smart Savings System option:	
Name:		Social Security Number:	
Birthdate:		Smart Savings System option:	

Primary Member Signature:

Date: (expiration in one year)

Smart Savings System options:

Comprehensive: \$425 (per member)

Perio Plus: \$515 (per member)

Total: \$	Credit Card: Visa Mastercard Discover		
Credit Card Number:	Expiration:	CVV:	
Authorized Signature:			

Please submit application to:
Smart Mouth Dental
 7105 Janes Ave
 Woodridge, IL 60517
smartmouth@smartmouthwoodridge.com
 Fax: 630-963-7850

SYSTEM DETAILS: The program is a discount plan, NOT a dental insurance plan. It cannot be used: • In conjunction with another dental plan • For services for injuries covered under workman's compensation • For treatment, which, in sole opinion of the treating dentist, lies outside the realm of his or her capability • For referrals to specialists • For hospitalization or hospital charges of any kind • For costs of dental care which is covered under automobile or medical insurance • For dental treatment in progress • This plan is only honored at Smart Mouth Dental P.C. • This dental savings system is not an insurance plan that can be used with any other dental office

SYSTEM GUIDELINES • Automatic renewal with credit card on file, unless other form of payment is received prior to expiration or cancelled prior to expiration date • Cannot be used in conjunction with another dental plan • Can not switch between options within the year • NON-REFUNDABLE • No refunds or premiums will be issued at any time if participant decides not to utilize dental plan • Not transferable • Patient's portion of bill is due on day of service • No additional cash discounts will apply • There may be a \$50 Broken Appointment Fee without 24 hour notice • A second Broken Appointment without 24 hour notice may nullify participation in plan and all fees may be forfeited • Any costs associated with outside financing are the sole responsibility of the patient