



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:	

<b>Primary Member Signature:</b>	<b>Date:</b> (expiration in one year)
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**Smart Savings System options:**

Comprehensive: \$399(per member)

Perio Plus: \$489 (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](mailto: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