

IN-OFFICE DENTAL PLAN

Membership Agreement

Southern Smiles Pediatric Dentistry is pleased to offer an in-office dental benefit program for our young patients who do not currently have dental coverage. This plan allows your children to receive optimal dental care while maintaining their oral health and saving money.

Annual Plan Benefits Include

- Free initial and periodic exam
- Free X-rays that can include bitewings, occlusals, PAs, and a panoramic
- Free teeth cleanings every 6 months (2 per year)
- Free fluoride treatments (2 per year)
- Free emergency exam (1 per year)
- 15% discount on all restorative procedures, to include nitrous oxide and exclude general anesthesia and hospital fees
- After-hours fees included (regular price \$250)

This program is for your child and is not transferable. Benefits are provided for 12 months from the date the plan is purchased. This plan is not an insurance product and cannot be combined with other insurance plans, discounts, or promotions. The In-Office Dental Plan is for patients who do not have any alternative dental benefits.

Annual Cost

- First Child: \$449
- Each Additional Child: \$419

Paying for Your Membership

Our In-Office Dental Plan requires payment in full. If you change your mind during the first 30 days, you may cancel your membership and pay our regular fees for all services provided since joining the program. However, after 30 days our memberships are nonrefundable.

Name _____ Address _____

Phone _____ Employer _____

Visa MasterCard Check Cash

Name on card _____ Account # _____ CVC _____ Exp date _____

I wish to enroll in the In-Office Dental Plan. I understand that dental services will be provided as described above. I understand that benefits not used cannot be transferred to the following year. I understand it is my responsibility to make appointments.

Signature _____ Date _____

For Office Use Only

Benefit period begins _____ Ends _____



1512 NC Hwy 24/87 | Cameron, NC 28326
910.984.8511
SouthernSmilesPedo.com