

Please return completed membership agreement and payment to the following:



Mail to: **Goldstein Dental**
1259 Cleveland Drive, Cheektowaga, NY, 14225
716-635-4720

SmileAdvantage⁺

DENTAL SAVINGS FOR HEALTHY SMILES

Brought to you by **Goldstein Dental**

Plan Terms and Conditions:

- This is **NOT** dental insurance, rather a savings plan. This savings plan cannot be used in conjunction with dental insurance or other discounts. This plan is only valid at this dental office. Care from other providers or specialists is not included. Plan fees are subject to change.
- If you are a current patient enrolling in the Smile Advantage Plan, your account **MUST** have a **ZERO** balance.
- The plan is not retro-active 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 plan is non-transferrable.
- In exchange for the care provided under this plan, the covered member agrees to pay all balances in full at the time of treatment. If treatment is not paid in FULL at the time of service, the 10% discount is void. If paying for treatment using Care Credit or Lending Club, the 10% discount is void.
- The member has the right to opt out of the plan for a full refund within 30 days of enrollment as long as treatment has not started. If ANY treatment has been performed or if 30 days from enrollment have lapsed, NO refund will be given. The member will be responsible for paying the remaining balance regardless of services rendered.
- Services are based upon a plan year. The full membership dues are due on the date of enrollment and eligibility will begin at that time remaining active for one year. There are no waiting periods. Your membership can be renewed at the end of each plan year.
- If appointments are broken without 24 hours prior notice, a cancellation fee will apply.



Smile Advantage Membership Registration:

Responsible Party Information:
First Name: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Date of Birth: ____/____/____ E-mail Address: _____

Enrollee Information:
Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____
Name: _____ Date of Birth: ____/____/____

Pricing:
Youth Plan - \$404/person
Adult Plan - \$451 /person
Perio Plan - \$679/person

TOTAL PATIENTS ENROLLING: _____
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Payment Details:
The membership fee will be due at the time of enrollment. By paying yearly for the membership, you will receive a greater overall savings. Monthly payments are available with a \$99 enrollment fee. If the monthly payment option is chosen, payments are as followed and no interest will be applied:

- A \$34 monthly fee per Youth Plan
 - A \$38 monthly fee per Adult Plan
 - A \$57 monthly fee per Periodontal Plan
- Payment options:
☐ Cash ☐ Check ☐ Credit Card

Credit Card Information:
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
Cardholder Name: _____
Card Number: _____ Expiration Date: ____/____/____ Security Code: _____

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the Smile Advantage Plan. I authorize this dental office to process my payment as listed in this Agreement.
Signature of Responsible Party: _____ Date: ____/____/____

FOR OFFICE USE ONLY: EFFECTIVE DATES: ____/____/____ TO ____/____/____
☐ Membership Activated

What is the Smile Advantage Plan?

The Smile Advantage Plan is a membership-based dental savings plan that provides the quality care you deserve at a price you can afford. Members pay an annual fee to receive regular exams, cleanings and X-rays along with access to significantly reduced rates on all other restorative and cosmetic dental procedures performed in our office. Plus, the plan offers many benefits including no annual caps, no limits, and no waiting periods. This provides for quick access to the care you need!



Our Plans Include:

- ✔ **Youth Plan:** Up to 2 Exams, Routine Cleanings, Fluoride Treatments, and Necessary X-rays
- ✔ **Adult Plan:** Up to 2 Exams, Routine Cleanings, and Necessary X-Rays
- ✔ **Perio Plan:** Up to 4 Perio Maintenance Cleanings, 2 Exams, Necessary X-rays
- ✔ **Oral Cancer Screening**
- ✔ **Up to 2 Fluoride Treatments When Indicated**
- ✔ **1 Cosmetic Consultation**
- ✔ **4 Quadrants of Scaling & Root Planing - 50% Off**
- ✔ **10% Discount** on All Other Dental Treatment

The Smile Advantage Plan helps to reduce overall dental costs for members. This ensures that they have access to top quality dental care when they need it. Thanks to the Smile Advantage Plan, the quality care you deserve is now available at a bigger savings than you ever imagined possible.

Our plan is designed to provide greater access to quality dental care at an affordable price.

- No yearly maximums
- No deductibles
- No claim forms
- No frequencies
- No pre-authorization requirements
- No pre-existing condition limitations
- No one will be denied coverage
- No waiting periods (immediate eligibility)
- No excluded procedures

Program Exclusions & Limitations

This is a savings plan, not dental insurance. It cannot be combined with any other insurance. It is only valid at this dental office; care from other providers and specialists is not included. Plan fees are subject to change. For complete details, see Plan Agreement or Plan Terms and Conditions.

*Children 13 or younger
** If periodontal infection is present, a periodontal plan may be required at an additional charge.

Youth*	Adult**	Perio
\$404 ANNUALLY	\$451 ANNUALLY	\$679 ANNUALLY
\$34/mo	\$38/mo	\$57/mo

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www.GoldsteinDental.org