

The Perfect -A-Smile Dental Savings Plan

The Perfect A Smile Dental Savings Plan is not traditional dental insurance. Instead, it is a membership-based dental savings plan that is designed to provide the necessary preventive care you deserve along with substantial discounts on additional services you may need or want. There are no exclusions, minimums, or waiting periods you've come to expect with popular insurance providers.

With the discount plan there are:

- No yearly maximums
- No deductions
- No claim forms
- No preauthorization requirements
- No preexisting conditions limitations
- No waiting periods
- Free consultations

Benefit Premium

Plan	Annual Cost
Single Member	\$299.00
Each additional family member*	\$200.00
Example: family with 4 members	\$899.00

*the family plan includes family members and children until the age of 26

Coverage

You will not receive a membership card.

Your plan effective date will be on file with our office.

Your Perfect A Smile Dental Savings Plan includes for each plan year:

- 1 Comprehensive Exam [new patient initial visit]
- 2 periodic Exams
- 1 Emergency or Limited Exam
- 2 Prophylaxis Appointments [non-periodontal dental cleanings]
- 2 Periodontal Maintenance Appointments
- 1 Oral Cancer Screening
- 2 Fluoride Treatments
- 1 Set Bitewings X-rays
- 50% off Panorex or Full Mouth Series of X-rays and CT [3D imaging] scans
- 20% off Additional Cleanings, Dental Sealants, Fillings, Core Build-Ups, Teeth whitening, Additional Periapical X-rays
- 15% off Crowns, Veneers, Periodontal Therapy, Root Canals, Oral Surgery, Implants, Partials, and Dentures**

- \$1000 off Full Orthodontic or Clear Correct Cases***

** Senior citizen discount an additional 5% on these items only [65 and older]

***Must retain Plan Membership for the duration of treatment to retain discount plan benefits

Program Exclusions and Limitations

The program is a discount plan, not a dental insurance plan. This plan cannot be used:

- In conjunction with another dental plan or financing program
- For services or for injuries covered under worker's compensation
- For treatment, which in the sole opinion of the treating dentist, lies outside the realm of their capability
- For referral to specialists
- For hospitalization or hospital charges of any kind
- For costs of dental care covered under automobile medical

This plan is only honored at the Perfect A Smile Dental office and cannot be used at any other dental office.

Program Guidelines

- Patient's portion of the charges are due the day of service
- There will be a \$50 reinstatement fee if your plan membership lapses.
- Cannot be used in conjunction with another dental plan
- NON-REFUNDABLE
- No refunds or premiums will be issued at any time at the participant decides to not utilize the dental plan.

To sign up for the plan please ask one of our team members or submit the following form:

Savings Plan Application

Print clearly in black ink and answer all questions or indicate “not applicable”

Your Profile:			
Name:			SSN:
Address:			
City:	County:	State:	Zip:
Home Phone Number:		Work Phone Number:	
E-mail Address:			

Your Spouse’s Profile:			
Name:			SSN:
Address:			
City:	County:	State:	Zip:
Home Phone Number:		Work Phone Number:	
E-mail Address:			

Your Children’s Profile:		
Name:	Age:	SSN:
Name:	Age:	SSN:
Name:	Age:	SSN:
Name:	Age:	SSN:
Name:	Age:	SSN:

Member Signature _____

Date _____

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Payment Method:

- 1. **Check:**
Payable to: Perfect A Smile Dental
- 2. **Credit Card**

Credit Card Number:	Exp Date:
Signature:	VISA MC DISC AMEX

Please mail this completed application with appropriate payment included to:

PERFECT A SMILE DENTAL
16716 CHILLICOTHE RD, STE 700
CHAGRIN FALLS, OH 44023