At SmileDesign101, we offer an in-house plan to make our dentistry affordable to our patients who do not have dental insurance.

This is for in-office treatment. There are **NO** yearly maximum and **NO** deductible.

Membership becomes effective the day we receive your membership payment of \$295 per patient and is effective for one year.*

In-House Plan Covers	No Insurance
Two simple dental cleanings*	\$258
Two Periodic Exams	\$160
Checkup X-rays (FMS/BW/PA)	\$80-\$150
Emergency Exams	\$80
(when treatment is completed in our office	re)

Total without insurance = \$578-\$648

ALL THIS FOR JUST \$295
PER YEAR!*

That's up to 45% SAVINGS!

*If you have periodontal disease, a periodontal maintenance procedure must be done in lieu of a simple dental cleaning. The first and second appointments for the membership year will becovered under your membership plan and the third and fourth periodontal maintenance will be discounted by 15% per the membership plan.

All fees are due at the time of service so we can afford to continue to offer you this plan. Our In-House Plan includes:

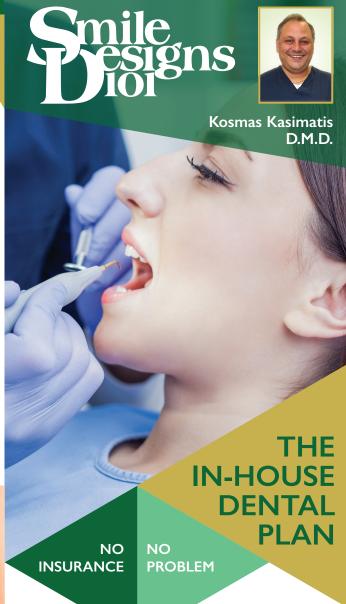
- 15% savings on basic & major dental procedures
- 15% savings on orthodontics

SUPER SAVINGS!

A **45% savings** on implants, implant abutment and implant crown. That's a \$4,000 office fee which is discounted to \$2,100 per tooth and payable on your first visit.







900 Easton Avenue, Suite 31 Somerset, NJ 08873

(732) 247-7417

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OUR BASIC PLAN INCLUDES

- 2 exams per year included*
- Any individual x-rays needed throughout the year
- 2 cleanings (with fluoride included)
- 15% off all procedures

*For additional cleanings in the same membership year, there is a \$110 fee per cleaning.

Two exams, cleanings and x-rays are normally \$340 each visit or \$680 total.

That's **OVER 40% SAVINGS** with this plan!

PROGRAM GUIDELINES

- Patient's bill is due the day of service.
- In-House Plan offer cannot be combined with any dental benefits plan.
- No refunds will be issued at any time if participant decides not to utilize dental plan.
- There is no roll-over or refund for unused services in the effective year.



PERSONAL INFORMATION

INAME:	
STREET:	
CITY:	
STATE:	_ ZIP CODE:
SSN:	
HOME PHONE:	
CELL PHONE:	
EMAIL:	

FAMILY INFORMATION

NAME:		
□ M □ F DATE OF BIRTH:		
relationship:		
NAME:		
□ M □ F DATE OF BIRTH:		
relationship:		
NAME:		
□ M □ F DATE OF BIRTH:		
RELATIONSHIP:		

METHOD

CASH:		CHECK:
CREDIT	CARD:	
	□ VISA □ MASTER CARI	_ 2.500 ;
CARD N	IUMBER:	
EXPIRATION DATE:		
CVV CODE:		
CARD HOLDER ZIP CODE:		
SIGNATURE:		



GET 5% OFF WITH AUTO RENEWAL!

Sign up for auto renewal on your dental savings plan and receive 5% off next year's fee! Ask our front desk staff how to sign up for this great offer.

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