**Smile Advantage Plan Agreement**

**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: \_\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

Pricing:

Established Patients -$450.00/person (Value $660.00) TOTAL PATIENTS ENROLLING: \_\_\_\_\_\_\_\_\_\_\_\_

New Patients - $555.00/Person (Value $980.00) TOTAL PATIENTS ENROLLING: \_\_\_\_\_\_\_\_\_\_\_\_

Perio Plan - $713.00/person (Value $813.00) TOTAL PATIENTS ENROLLING: \_\_\_\_\_\_\_\_\_\_\_\_

Family Plan: First member pays full fee: each additional family member receives a $50.00 saving on the cost of their membership.

TOTAL PATIENTS ENROLLING: \_\_\_\_\_\_\_\_\_\_\_\_

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 for a 20% surcharge an initial processing fee. If the monthly payment option is chosen, Payments are as followed and no interest will be applied:

\*An initial fee of $104.00 per member

\*A $45.00 monthly fee per Established Patient Plan

\*A $56.00 monthly fee per New Patient Plan

\*A $71.00 monthly fee per Periodontal Plan

**Payment Options:**

Cash Check Credit Card

**Credit Card Information:**

Visa Master Card 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: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Member Activated

**Established Patient Plan**

Only

**$450.00 / Yr**

Value $660.00

**New Patient Plan**



Only

**$555.00 / Yr**

Value $980.00

**Perio Plan**



Only

**$713.00 / Yr\***

Value $813.00

**Schlobohm Dental**

4830 Cordell Ave.

Bethesda, MD 20814

301-656-8788

[www.bestbethesdasmile.com](http://www.bestbethesdasmile.com)

[drschlobohm@gmail.com](mailto:drschlobohm@gmail.com)

**What is the Smile Advantage Plan?**

The Smile Advantage Plan is a membership-based dental saving 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!

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** pre-authorization requirements

**No** deductibles **No** pre-existing condition limitations

**No** claim forms **No** one will be denied coverage

**No** frequencies **No** waiting periods (immediate eligibility)

**No** excluded procedures

**The Smile Advantage Plan Includes:**

* Established Patient: Up to 2 Routine Exams & Cleanings + Yearly Bitewing X-Rays
* New Patient: Initial Exam with all necessary X-Rays, 1 Routine Exam and 2 Routine Cleaning or 1 Perio Maintenance Cleaning
* Perio Plan: Up to 3 Perio Maintenance Cleanings, 2 Exams + Yearly Bitewing X-Rays
* 1 Emergency Care Exam (X-Rays as needed)
* Oral Cancer Screening
* Up to 2 Fluoride Treatments When Indicated
* 1 Cosmetic Consultation
* 1 Orthodontic Consultation
* **15% Discount on All Other Dental Treatment**

**Program Exclusions & Limitations**

This is 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 Agreement or Plan Terms and Conditions.

\*If periodontal infection is present, a periodontal plan may be required at an additional charge.

Please return completed agreement and payment to the following:

**Schlobohm**

Dental

**Mail to:** Dr. Cord Schlobohm, D.M.D.

4830 Cordell Ave.

Bethesda, MD 20814

301-656-8788

[www.bestbethesdasmile.com](http://www.bestbethesdasmile.com)

[drschlobohm@gmail.com](mailto:drschlobohm@gmail.com)

Plan Terms and Conditions:

* This is **NOT** a dental insurance, rather a savings plan. This saving 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 Smikle Advantage Plan, your account MUST have ZERO balance.
* The plan is not retro-active and will become affective 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 exchanged 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 treatment discount is void. If patients are paying for treatment using CareCredit, the discount offered will be 5%.
* 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 or first payment plus processing fees 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.