

**2024 In-Office Dental Plan**

Name: \_\_\_\_\_

New                       Renewal

Coverage Effective Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Date Payment Received: \_\_\_/\_\_\_/\_\_\_

**Plan Details**

Individual Plan: **\$118/year**

Includes:

- Two exams (comprehensive exam or recall exam during 12 months of enrollment)
- Bitewing x-rays (1 set per 12 months)
- 20% discount on all other dental procedures including routine cleaning and products (ORTHO EXCLUDED) during 12 months of enrollment

**The Smile Program CANNOT be used in conjunction with insurance, Care Credit, or any other discounts/specials.**

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_