

Please return completed agreement and payment to the following:



COLUMBIA CENTER
FOR DENTISTRY

C. BRADLEY MILLER, DDS, PC

Mail to: Columbia Center for Dentistry
4301 Rainbow Trout Dr. Suite 101
Columbia, MO 65203
573-446-2687

appointment@columbiacenterfordentistry.com
www.ColumbiaCenterForDentistry.com

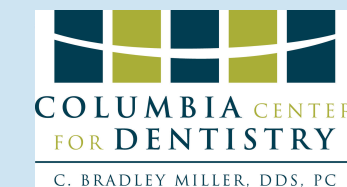
Plan Terms and Conditions:

- 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 treatment discount is void. If paying for treatment using Care Credit, there will be no discount offered on treatment. No discount will be applied to optional Dental Warranty fees. Additional fee may apply for cleanings while in orthodontics.
- 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 is 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⁺
Dental savings for healthy smiles.

Brought to you by



Smile Advantage Plan Agreement

Responsible Party Information:

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

Your Smile Advantage Plan Includes

- Up to 2 Exams, Routine Cleanings and Necessary X-rays
- Perio Plan - Up to 4 Perio Maintenance Cleanings, 2 Exams & Necessary X-rays
- 1 Emergency Care Visit: Exam and Necessary X-rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation
- \$250 Off Invisalign®
- \$100 Off Sleep Apnea Appliance
- Full Mouth Whitening - Only \$179
- 10% Discount on All Other Dental Treatment

Enrollee Information:

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

Pricing:

Children (ages 13 and under) - \$299/person
Adults (ages 14 and over) - \$359/person
Perio Plan - \$649/person

TOTAL CHILDREN ENROLLING: _____
TOTAL ADULTS ENROLLING: _____
TOTAL ADULTS ENROLLING: _____

Payment Details:

Fees will be due at the time of enrollment.

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

Child[†]



ONLY
\$299

Adult



ONLY
\$359

Perio Plan^{**}



ONLY
\$649

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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!

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)

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- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation
- \$250 Off Invisalign®
- \$100 Off Sleep Apnea Appliance
- Full Mouth Whitening - Only \$179
- 10% Discount on All Other Dental Treatment

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.