

Please return completed membership agreement and payment to the following:



- COMPLETE AND RETURN TO -
North Creek Dental Care
18425 West Creek Drive Suite I
Tinley Park, IL 60477
708-532-4131 • info@northcreekdentalcare.com
www.NorthCreekDentalCare.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. The plan is non-transferrable and care from other providers is not included.
- 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. All plans will remain active for 12 months and be renewed annually. Plan fees are subject to change.
- It is the member's responsibility to utilize the benefits included in this agreement within the plan term. Any unused benefits will not be carried over or refunded.
- 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 third party financing, the discount may be reduced.
- 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.

SmileAdvantage⁺

DENTAL MEMBERSHIPS FOR HEALTHY SMILES

Brought to you by **North Creek Dental Care**



Smile Advantage Membership Registration:

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

Pricing:

Youth Plan - \$336/annually
 Adult Plan - \$360/annually

TOTAL PATIENTS ENROLLING: _____
 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 with a 20% surcharge. If the monthly payment option is chosen, payments are as followed and no interest will be applied:

- A \$34 monthly fee per Youth Plan
- A \$36 monthly fee per Adult Plan

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

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. Memberships include regular exams, cleanings and X-rays along with additional discounts on other dental treatment. Our plans provide quick access to the care you need!

Our plans are designed to provide you with greater dental care, less hassle and to save you money.

- ⊗ No Yearly maximums
- ⊗ No Deductibles
- ⊗ No Denied claims
- ⊗ No Pre-authorization requirements
- ⊗ No Pre-existing condition limitations
- ⊗ No Waiting periods (*immediate eligibility*)

THE SMILE ADVANTAGE PLAN IS GREAT FOR

- Retired Seniors • Uninsured Employees •
- Contract or Freelance Employees • Families
- Small Business Owners •

Program Exclusions & Limitations

For complete details, see Plan Terms and Conditions. Youth plan is intended for ages 14 and younger.

Youth	Adult
\$336/yr	\$360/yr
\$34/MO	\$36/MO

OUR PLANS INCLUDE THE FOLLOWING PERKS

- ✔ **Youth Plan:** Up to 2 Exams, Routine Cleanings, Fluoride Treatments, and Necessary X-rays
- ✔ **Adult Plan:** Up to 2 Exams, Routine Cleanings, and Necessary X-Rays
- ✔ **1- Emergency Visit**
- ✔ **1- Oral Cancer Screening**
- ✔ **1 - Cosmetic Consultation**
- ✔ **Fluoride Treatments when indicated**
- ✔ **\$500 OFF** - Clear Aligners
- ✔ **Professional Whitening \$169** - TAKE HOME TRAYS WITH GEL
- ✔ **Complimentary Implant Consultation**
- ✔ **15% Discount** on All Other Dental Treatment

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