Please return completed membership agreement and payment to the following:

Hoffman | Stone

ADVANCED GENERAL & IMPLANT DENTISTRY

MAIL OR SUBMIT IN PERSON TO:

Hoffman Dental, LLC
3331 E Montclaire St. Suite G
Springfield, MO 65804
417-881-1195 • office@HoffmanDentalDMD.com
www.HoffmanDentalDMD.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 limit. Any unused benefits will not be carried over or refunded. The plan is non-transferrable.
- The Smile Advantage Plan cannot be combined with any other payment plan options. 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 20% discount is void. If paying for treatment using Care Credit, Lending Club or any other 3rd party financier the discount offered on treatment will be 10%.
- The member has the right to opt out of their 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.
- Dental Savings for Healthy Smiles brought to you by Hoffman|Stone-Advanced General & Implant Dentistry.
- Services are based upon a plan year. The full membership dues 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 will be renewed at the end of each plan year, unless cancelled by you 30-days in advance.
- If appointments are broken without 24 hours prior notice, a cancellation fee will apply. ($150.00)
- This basic plan is designed for patients who do not have infection present in the mouth. If periodontal infection is present, an alternative periodontal plan will be required at a fee of $709.00, as additional visits and treatment are required. This alternative plan includes up to four periodontal maintenance cleanings within the plan year.
- Periodontal Plan does not include the use of Arestin® (Minocycline) treatment, additional charges will apply at a cost , including the 20% discount for Periodontal Plan members.

SmileAdvantage

DENTAL MEMBERSHIP PROGRAMS

Brought to you by

Hoffman | Stone

ADVANCED GENERAL & IMPLANT DENTISTRY

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

Designed with You in Mind.

- **NO** Yearly maximums
- **NO** Deductibles
- **NO** Claim forms
- **NO** Frequencies
- **NO** Pre-authorization requirements
- **NO** Pre-existing condition limitations
- **NO** Denied coverage
- **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

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 are not included. Plan fees are subject to change. For complete details, see Plan Agreement or Plan Terms and Conditions.

*Child plan intended for ages 13 years and younger.
**If periodontal infection is present, a periodontal plan may be required at an additional charge.

Child*	Adult**	Perio
$309	$409	$709
ANNUALLY	ANNUALLY	ANNUALLY

Our Plans Include:

- **Child Plan:** One Exam, Routine Cleanings, & Bitewing X-rays
- **Adult Plan:** One Exam, Healthy Mouth, & Full-Mouth Series X-rays
- **Perio Plan:** Up to Four Perio Maintenance Cleanings, One Exam, & Full-Mouth Series X-rays
- **One Emergency Care Visit:** Exam & Necessary X-rays
- **Oral Cancer Screening**
- **Fluoride Treatment** when indicated
- **One Cosmetic Consultation** (in combination with yearly exam)
- **$200 Off** Sleep Apnea Appliance
- **Full Mouth Whitening** - Only $149 (Take Home Rx Strength)
- **20% Discount** on All Other Dental Treatments
- **$100 Off** Nightguard

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Smile Advantage Plan Membership Registration

Responsible Party Information:

First Name: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Date of Birth: _____/_____/_____ Email Address: _____

Enrollee Information:

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

Pricing:

Child Plan - $309/annually
Adult Plan - $409/annually
Perio Plan - $709/annually

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

Payment Details:

Membership fee will be due at the time of enrollment.

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 list in this Agreement.

Signature of Responsible Party: _____ Date: _____/_____/_____

FOR OFFICE USE ONLY: EFFECTIVE DATE: _____/_____/_____ TO _____/_____/_____ ☐ Membership Activaterd