

Artistic Dental - Drs. Bookman and Goldberg

www.artisticdentalgroup.com

180 N. County Line Rd • Jackson, NJ 08527

(732)942-0909

HEALTHY SMILES SAVINGS PLAN

Patient Name: _____
Last First MI Preferred Name

The following is for: the patient's spouse the person responsible for payment both neither-not applicable

Name: _____
Last First MI Preferred Name

Title: _____ Gender: Male Female Family Status: Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: * _____ SS#: _____ DL#: _____

Email Address: _____ Best time to call: _____

Phone: _____
Home Mobile Work Ext Fax Other

Address: _____
Address 1 Address 2
City State Zip Code

Please choose a plan type: Note, an individual form will be required per covered family member. *

- Adult Plan: \$350/Year (per adult)
- Children Age 6-15 \$250/Year (per child)
- Children Age 5 and Under \$150/Year (per child)

The Healthy Smiles Savings Plan is not insurance, and no services are "covered" in a traditional insurance manner. You pay a yearly membership fee to be enrolled in the plan. The plan is designed to cover preventative services such as cleanings and oral exams. Other dental services are offered at reduced fees of up to 25%, and full payment of fees is expected when service is rendered. The Healthy Smiles Savings Plan may not be combined with any other dental insurance or dental plan.

The HEALTHY SMILES SAVINGS PLAN includes the following: (included services must be performed on the same day and cannot be spread out over multiple visits)

- * Regular Dental Cleanings or Periodontal Maintenances (2/year)
- * Periodic oral exams (2/year) (includes Full Periodontal Evaluation)
- * Full series X-rays (for adults, every 3 years only if continuous membership in this Plan is maintained)
- * Checkup X-rays (1-2 times/year as needed)
- * Intra-Oral Photo Imaging (as needed)
- * Visual Oral Cancer Screenings (2/ year; Velscope offered for nominal additional fee)
- * Fluoride (2/year for children 15 and under)
- * Additional Dental Cleanings and Other Services Up to 25% Courtesy from regular office fees.

* By checking this box, I acknowledge that I have read this statement and agree to the terms of The Healthy Smiles Savings Plan.

- . Membership fee must be paid in full prior to any treatment for included services and courtesies to apply.
- . Payment is due in full at time of service for any fees for additional services.
- . Membership fee is non-refundable and non-transferrable.
- . Effective date of the plan is the day the plan is purchased. Plan expiration is one year.
- . All fees subject to change.
- . Does not include work in progress.
- . Membership in the Healthy Smiles Savings Plan may be terminated, by Artistic Dental, for abuse and failure to pay membership fees and fees for services not included and for failure to comply with our cancellation and broken appointment office policy. \$50.00 Cancellation Fee will be applied for any appointments cancelled without 48 hours notice. No refunds will be given if patient is dismissed from the program. Plan is subject to termination, but in that event, all fees will be honored for the remainder of the term.
- . This plan is designed to help you maintain affordable dental care within our office. This plan does not cover any procedures at any specialist office that you may be referred to.
- . For Children the membership fee is determined by their age on the day the plan is purchased.
- . Dental treatment is always dictated by the patient's oral health needs, not by plan coverage. Many patients require preventative care 3-4 times per year rather than 2. For those patients the additional cleanings or periodontal maintenance are not included and the visits will be offered at a discounted rate.

Signature _____ Date _____