

Annual Premium

Members Enjoy the Following
for Just \$198 Per Year

Bitewing X-Ray (1 per year)

Regular Cleanings & Fluoride(2 per year)

Exams (2 per year)

Panoramic 3D X-Ray (1 per 5 years)



Coverage Benefits

Diagnostic 100%
(X-Rays & Exams)

Preventative 100%
(Regular Cleanings & Fluoride)

Basic Services 15%
(Fillings, Endodontics, Periodontics & Oral surgery)

Major 15%
(Crowns, Bridges, Veneers, Dentures, Partials & Implants)

Orthodontics 15%
(Invisalign, Clear Correct, Six Month Smiles)

Frequently Asked Questions About the Dental Savings Plan:

Q: Where can I enroll in the dental savings plan?

A: Patients can enroll by using the enrollment form .

Q: Are there any qualifications? How long does my membership last?

A: You must be at least 18 years old or have a parent / guardian enroll for you. Membership lasts 12 months and you can easily re-enroll every year to enjoy the great benefits and discounts.

Q: Can it be used with my dental insurance?

A: No, but we can use the plan that saves you more money. (Choice of plan will be secured for 12 months)

Q: Can I use this dental savings plan outside of the Smile Glen Ellyn practice?

A: No, this program is a savings plan, not a dental insurance plan. It cannot be used:

- * In conjunction with another dental plan
- * For services for injuries covered under workman's compensation
- * For treatment which, in sole opinion of the treating dentist or doctor, lies outside the realm of their capability
- * For referrals to specialists
- * For hospitalization or hospital charges of any kind
- * For costs of dental care which is covered under automobile medical insurance



Dental Savings Plan

26 N. Park Blvd.

Glen Ellyn, IL 60137

(630) 858-8800

SmileGlenEllyn@gmail.com

About our Dental Savings Plan

The Smile Glen Ellyn Dental Savings Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at Smile Glen Ellyn Dental. 26 N. Park Blvd., Glen Ellyn, IL 60137

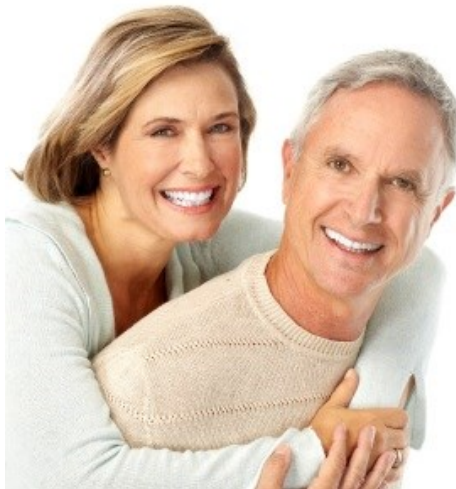
With your Dental Savings Plan there are

- * No yearly maximums
- * No deductibles
- * No claim forms
- * No pre-authorization requirements
- * No pre-existing condition limitations



Program Guidelines

- * There will be a \$50 reinstatement fee if your plan lapses
- * Cannot be used in conjunction with another dental plan
- * No refunds on premiums will be issued at any time if participant decides not to utilize dental plan
- * Patient's portion of any bill is due on the same day of service
- * The plan is in effect once the premiums have been paid



Office Financing Plans Available

Interest Free Financing for
4, 6 & 12 Months

Extended Plans as Low as 3.99% APR
Ranging From 24-84 Months

This program is a discount plan, not a dental insurance plan and is secondary to any other dental plan. It cannot be used:

- *In conjunction with another dental plan
- *For services on injuries covered under workman's compensation
- *For treatment which, in sole opinion of the treating dentist, lies outside the realm of their capability
- *For referrals to specialists
- *For hospitalization or hospital charges of any kind
- *For costs of dental care which is covered under automobile medical insurance

Enrollment Form

Complete all enrollment information below and deliver to Smile Glen Ellyn or send completed form and payment to Smile Glen Ellyn Attn: Dental Savings Plan, 26 N Park Blvd, Glen Ellyn, IL 60137

First Name _____

Last Name _____

Address _____

City _____ State ____ Zip _____

Employer Name _____

Employer Phone # _____

Birthdate _____ Gender M F

Check Enclosed _____

Charge Card Information Enclosed

Card # _____

Expiration Date _____ Security Code _____

As a patient, I wish to apply for membership in the Smile Glen Ellyn Dental Savings Plan. I understand that all services under this program must be obtained at the Smile Glen Ellyn offices and further, my co-payment will be due in full at the time service is rendered. This is not an insurance program.

Signature (membership is not valid without signature)

SMG Office and Office # (for internal use only)

SMG Acct#



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