



Scottsdale Family Smiles Dental Discount Plan Membership Agreement

Scottsdale Family Smiles is pleased to offer an in-office dental discount plan for our patients who do not currently have dental coverage. This plan allows our patients to receive optimal dental care while maintaining their oral health and saving money.

Annual Complimentary Services Include:

- 2 Examinations and Necessary X-rays
- 2 Regular Cleanings
- 2 Fluoride Treatments
- 1 Emergency Examination
- 15% Off Regular Fees for General Dentistry Services (Some exclusions apply)

Annual Cost:

- Individual: \$399
- Individual & Spouse/Partner: \$749
- Each Additional Member: \$299

This dental discount plan is for you and is not transferrable. Complimentary services and dental discounts are provided for 12 months from the date the plan is purchased. This plan is not an insurance product and cannot be combined with other insurance plans, discounts, or promotions. The Scottsdale Family Smiles Dental Discount Plan is for patients who do not have any alternative dental benefits.

Scottsdale Family Smiles reserves the right to revoke membership at any time for abusive or inappropriate conduct toward doctors, team members, or other patients. Those in violation of this membership rule will be dismissed with a single written notice.

Paying For Your Membership:

The Scottsdale Family Smiles Dental Discount Plan requires payment in full. If you change your mind, you may cancel your membership and pay our regular fees for all services provided since joining the program less the enrollment fee.

Name: _____ Address: _____

Phone: _____ E-mail: _____

I wish to enroll in the Scottsdale Family Smiles Dental Discount Plan. I understand that dental services will be provided as described above. I understand that this is not an insurance product. I understand that benefits not used cannot be transferred to the following year. I understand that it is my responsibility to make appointments.

Signature: _____ Date: _____

For office use only Discount Period Begins: _____ Ends: _____