SMILE PLAN

PATIENT LOYALTY SAVINGS PROGRAM

REGISTRATION FORM

Patient Last Name:	First Name:	MI:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	DOB: _____/ _____/ _____
Email (must be recorded for receipts):		BayView Location:
How did you hear about SmilePlan?		Term/Renewal Date:
Select a SmilePlan Package: ☐ **SmilePlan $99** ☐ **SmilePlan Ultimate $249**	Monthly Payment Plan (Initial Payment & 11 Monthly Payments): ☐ **SmilePlan Ultimate $25/month ($300)** **Payment taken on** ☐ **1st** ☐ **15th**	
Method of Payment: ☐ **Cash** ☐ **Check** ☐ **Debit/Credit Card** Credit Card #:_____ Exp. Date: ___/___/___ CVV Security Code: _____ Zip Code Associated with Card: ___ ___ ___ ___ ___		Total / Initial Payment:
Person Responsible for Payment (if different from Patient):		Monthly Payment:
Address:		
City:	State:	Zip:

PLEASE ACKNOWLEDGE:

- SmilePlan is not dental insurance. SmilePlan is a patient loyalty program that offers our patients significant savings on dental services.
- The fee paid for SmilePlan is for included standard-of-care services and represents a courtesy accounting adjustment for payment, made in full at the time of service.
- Fees for additional dental services are due, in full, at time of services to receive SmilePlan savings.
- Fees for prosthodontic (dentures) and cast restorations (crowns, in-lays, on-lays, veneers, implants, etc.) are due at the prep appointment.
- SmilePlan savings are not transferrable and there are no refunds on SmilePlan after any services have been rendered.
- Please read ***Exclusions Page*** for exclusions that apply.

I acknowledge that I am financially responsible for payment, in full, at time of services to take advantage of the savings offered by SmilePlan. If additional services are needed, and I choose not to pay on the day services are rendered, I understand that I shall pay the customary fees for the services delivered. Furthermore, I understand the benefits, limitations, exclusions, and requirements of the SmilePlan program and have been given a copy of the ***Exclusions Page*** *for my personal records. If monthly installments are selected, you are agreeing to pay the annual cost over 12 months, renewable annually. You may cancel the recurring billing at any time; however, the payments that have not been received will be due in full prior to cancellation.*

Signature:	Date: