

Please return completed agreement and payment to one of the following:



Mail to: Lori Logan DDS

11808 Barker Cypress

Suite G

Cypress, TX 77433

281-256-6866

office@lorilogandds.com

www.lorilogandds.com OR <https://goo.gl/5RgugG>

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. The plan is non-transferable and 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 year limit. Any unused benefits will not be carried over or refunded. We encourage you to reserve your professional hygiene appointments 3-6 months in advance to ensure that you can utilize your plan to the fullest.
- It is the patient's responsibility to inform this dental office of changes in billing information due to expired credit/debit cards, etc. Expired cards are not a valid reason for non-payment. If we are unable to process a member's monthly credit card, the Smile Advantage Plan is VOID until payment is made. Any unused benefits during this time are relinquished. Any scheduled future appointments will be canceled and cannot be rescheduled until account is in good standing.
- In exchange for the care provided under this plan, the covered member agrees to pay all balances in full. If treatment is not paid in FULL at the time of scheduling, the discount is void. If paying for treatment using Care Credit or Lending Club, the discount will be null and void.
- This program and discounts cannot be used for costs of dental care which are covered under automobile medical or for services covered under workers' compensation.
- The member has the right to opt out of the 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.
- 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 automatically be renewed each year with this credit card on file, unless prior notification is given not to automatically renew the membership. If the membership is unable to be automatically renewed, due to an issue with the card on file, the membership becomes void and all future appointments will be cancelled until renewed and account in good standing.
- If appointments are broken without 48 hours/2 business day's prior notice, a cancellation fee will apply.

A colorful grid background with various colored squares (blue, orange, red, yellow, dark blue, light blue, green). Overlaid on the grid are several photos of people smiling: a young man, a young boy, an elderly woman, a young girl, and a middle-aged man. The text 'Smile Advantage' is prominently displayed in a large, white, sans-serif font, with a white shield icon containing a plus sign to its right. Below it, 'Dental Savings for Healthy Smiles' is written in a smaller, italicized font. At the bottom right, 'brought to you by Lori Logan DDS' is written in a white, italicized font.

Smile Advantage⁺

Dental Savings for Healthy Smiles

brought to you by *Lori Logan DDS*

Smile Advantage Plan Agreement

Responsible Party Information:

First Name: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Date of Birth: ____/____/____
E-mail Address: _____

Your Smile Advantage Plan Includes

- 2 Preventive Cleanings or 2 Periodontal Maintenance Cleanings (Additional Cleanings 15% Off) ***In the absence of periodontal disease***
- Up to 2 Exams (1 Comprehensive & 1 Periodic)
- Cavity Detecting X-Rays
- Panoramic X-Ray (1x/3yrs)
- Full Mouth X-Rays - 50% Off
- 1 Emergency Care Visit: Exam with X-Ray
- Up to 2 Fluoride Treatments When Indicated
- Oral Cancer Exams
- 15% Off: Sealants, Composite Restorations (fillings), Oral Surgery, Root Canals, Periodontal Treatment (gum infection therapy), Periodontal Maintenance Cleanings, Whitening
- 10% Off: Crowns & Build Ups, Dentures & Partial Dentures, Implant Restorations, Nightguard/TMJ Services
- 5% Off: Veneers & All Other Cosmetic Procedures

Enrollee Information:

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

Pricing:

Children (ages 13 and under) - \$299/person
Adults (ages 14 and over) - \$349/person

TOTAL CHILDREN ENROLLING: _____
TOTAL ADULTS ENROLLING: _____

Payment Details:

Fees will be due at the time of enrollment.

Payment options:

Cash Check Credit Card

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 listed in this Agreement.

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

FOR OFFICE USE ONLY: EFFECTIVE DATES: ____/____/____ TO ____/____/____ Membership Activated

Child†



ONLY

\$299

(regularly more than \$550)

Adult



ONLY

\$349

(regularly more than \$720)

Lori Logan DDS

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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. Members pay an annual fee to receive regular exams, cleanings and X-rays along with access to significantly reduced rates on all other restorative and cosmetic dental procedures performed in our office. Plus, the plan offers many benefits including no annual caps, no limits, and no waiting periods. This provides for quick access to the care you need!

The Smile Advantage Plan helps to reduce overall dental costs for members. This ensures that they have access to top quality dental care when they need it. Thanks to the Smile Advantage Plan, the quality care you deserve is now available at a bigger savings than you ever imagined possible.

Our plan is designed to provide greater access to quality dental care at an affordable price.

- No** yearly maximums
- No** deductibles
- No** claim forms
- No** frequencies
- No** pre-authorization requirements
- No** pre-existing condition limitations
- No** one will be denied coverage
- No** waiting periods (immediate eligibility)

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- 10% Off: Crowns & Build Ups, Dentures & Partial Dentures, Implant Restorations, Nightguard/TMJ Services
- 5% Off: Veneers & All Other Cosmetic Procedures

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

†Children 13 or younger