



LEADING EDGE DENTAL CENTER

# JOIN OUR VIP SMILE CLUB

## SIMPLY CALL OUR OFFICE! 847-679-0110

### VIP SMILE CLUB GOALS

OUR GOAL IS TO PROVIDE A DENTAL MEMBERSHIP PLAN THAT CAN HELP PATIENTS, WHO DO NOT HAVE DENTAL INSURANCE, RECEIVE ALL THE CARE THEY MAY NEED, WITH DISCOUNTED SAVINGS.

AS A MEMBER OF THIS PLAN, YOU WILL HAVE:

- NO WAITING PERIODS
- NO CLAIM FORMS
- NO TREATMENT RESTRICTIONS
- NO PRE-DETERMINATIONS
- NO YEARLY MAXIMUMS

YOUR MEMBERSHIP FEE IS GOOD FOR ONE YEAR OF BENEFITS, STARTING ON THE DAY YOU PAY THE FEE. ADDITIONAL FAMILY MEMBERS WHO SIGN UP RECEIVE EVEN GREATER SAVINGS.

PLEASE NOTE: PAYMENT FOR TREATMENTS ARE DUE AT THE TIME OF SERVICE, AND EXTENDED PAYMENT PLAN PROGRAMS OR THIRD PARTY FINANCING PROGRAMS CANNOT BE USED IN CONJUNCTION WITH THIS PLAN.

### YOUR CLUB BENEFITS

- TWO REGULAR DENTAL EXAMINATIONS PER YEAR
- TWO PREVENTIVE CLEANING PROCEDURES PER YEAR
- TWO ADDITIONAL PERIODONTAL CLEANINGS AT 30% OFF OUR MOST CURRENT FEE SCHEDULE
- ANY X-RAYS ASSOCIATED WITH PREVENTIVE VISITS
- ORAL CANCER SCREENING, ORAL HYGIENE INSTRUCTION, GUM DISEASE EVALUATION, TMJ SCREENING, AND ANY OTHER SERVICES THAT ARE TYPICALLY INCLUDED IN A PREVENTIVE VISIT
- TWO FLUORIDE TREATMENTS PER YEAR UP UNTIL AGE 17
- 15% OFF OUR MOST CURRENT FEE SCHEDULE FOR OTHER DENTAL SERVICES WE PROVIDE

INDIVIDUAL ADULT PLAN: \$389.00  
(16 AND OLDER)

➔ A MINIMUM SAVINGS OF 20%

ADDITIONAL ADULT: \$339.00  
(LIVING IN THE SAME HOUSEHOLD)

➔ A MINIMUM SAVINGS OF 30%

FIRST CHILD: \$339.00  
(UNDER 16 YEARS OLD)

➔ A MINIMUM SAVINGS OF 20%

EACH ADDITIONAL CHILD: \$289.00

➔ A MINIMUM SAVINGS OF 30%

### CLUB EXCLUSIONS

- ANY TREATMENTS THAT REQUIRE TREATMENT OR ARE PERFORMED BY A SPECIALIST
- REPLACEMENT OF LOST DENTURES OR APPLIANCES, SUCH AS NIGHT GUARDS, BLEACHING TRAYS, ALIGNERS, OR RETAINERS
- THIS IS NOT DENTAL INSURANCE. THIS IS A MEMBERSHIP PLAN THAT IS ONLY VALID AT LEADING EDGE DENTAL CENTER, AND CANNOT BE USED AS A SUPPLEMENT TO DENTAL INSURANCE.

**VIP SMILE CLUB**  
Leading Edge Dental Center  
4355 W Howard Street  
Skokie, IL 60076

Leading Edge Dental Center is pleased to offer the **VIP SMILE CLUB**, Dental Membership Plan. Please read this agreement carefully and let a team member know if you have any questions or concerns.

The Dental Membership Plan is NOT an insurance plan and is not intended to act as or replace dental insurance. For an annual and automatically renewable fee, the Dental Membership Plan will allow the patient to obtain many preventive services at no additional charge and significant discounts on other dental services.

With the **VIP SMILE CLUB** Dental Membership Plan you will have:

- No waiting periods
- No claim forms
- No treatment restrictions
- No pre-determinations
- No yearly maximums
- No age limitations
- No reduced coverage or "down coding"

Included in the annual membership fee:

- Two regular dental examinations per year
- Two preventive prophylaxis ("cleaning") procedures per year
- Two additional periodontal cleaning at 30% off our most current fee schedule
- Any radiographs ("x-rays") associated with the preventive visits
- Oral cancer screening, oral hygiene instruction, periodontal evaluation, TMJ screening, and any other services that are typically included in the preventive appointment
- Two fluoride treatments per year up until age 17
- 15% off our most current fee schedule for services we provide

The following items are not included with the Dental Membership Plan:

- Any treatments that require a specialist, including some periodontics, orthodontics, oral surgery, endodontics, and pedodontics.
- Replacement of lost appliances such as night guards bleaching trays, aligners, or retainers
- Lost dentures
- This membership plan cannot be used as a supplement to dental insurance.

A treatment plan will be provided in writing for all recommended procedures clearly showing the regular fee and the discounted rate.

Please note:

- This is NOT dental insurance. This is an in-house Dental Membership Plan that is ONLY valid at Leading Edge Dental Center. It CANNOT be combined with any other dental insurances.
- Membership premium is due before the time of the first exam.
- Payments are non-refundable. No refunds of premiums will be issued at any time if participant decides not to utilize the plan or terminates membership in the plan.
- Payment in full must be made at time of treatment.

- Extended payment plans, including third party financing, are not applicable to this program.
- The two cleanings included in this plan are standard cleanings. This does not include treatment of periodontal ("gum") disease.
- All discounts are available exclusively through Leading Edge Dental Center at the following location: 4355 W Howard St, Skokie, IL, 60076.
- Members will be notified the month prior to the anniversary date to allow you an opportunity to either renew or cancel the Dental Membership Plan.
- Membership fees and plan discounts are subject to change on an annual basis.
- Leading Edge Dental Center reserves the right to cancel or discontinue this plan for any reason at the end of the membership term.
- Services not utilized may not be "rolled over" to a subsequent year.
- This plan is non-transferable to any other person.
- Treatment provided by specialists are not included in this plan.

Please select membership type:

Individual adult plan (age 16 and up) - \$389.00 (\$339.00 for each additional Adult living in the same household)

Individual child plan (under age 16) - \$339.00 (\$289.00 for each additional Child living in the same household)

By signing below, I agree to the terms of the Leading Edge Dental Membership Plan. I recognize that the Leading Edge Dental Center Membership Plan is not dental insurance, but a membership plan issued through and only recognized by Leading Edge Dental Center.

Disclaimer:

This agreement does not provide health insurance coverage, including the minimal essential coverage required by applicable federal law. It provides only the services described herein. It is recommended that health care insurance be obtained to cover dental services not provided for under this in-office membership care agreement.

First Name	Last Name	Date of Birth
Address	City	State Zip Code
Signature(or Guardian if under age 18)	Date	Printed Name