



Smiles
SAVINGS CLUB



aesthetic smile studio



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The Aesthetic Smile Studio's **dental savings plan** is designed to provide greater access to quality dental care with affordability. Benefits are available at the Lexington and Northeast locations of Aesthetic Smile Studio.

BENEFITS

- No yearly maximums
- No deductibles
- No waiting periods
- No pre-authorizations requirements
- No pre-existing condition limitations

SAVINGS

- 2 prophylaxis per year
- 2 periodic exams per year
- Bitewing x-rays once per year
- 10% routine dental savings

PROGRAM GUIDELINES AND EXCLUSIONS

This program is a discount plan, not a dental insurance plan; therefore cannot be used:

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





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Lexington, SC 29072
803.957.3005

120 Sparkleberry Xing
Columbia, SC 29229
803.699.0003

www.aestheticmilestudio.com

PRIMARY PROVIDER INFORMATION

Name _____
Birthdate _____
Address _____
City _____ State _____ Zip _____
Email _____
Cell Phone # _____ Work Phone # _____

DEPENDENTS COVERED *(spouse, partner, and children under age 23)*

Name _____ Birthdate _____ Relationship _____
Name _____ Birthdate _____ Relationship _____
Name _____ Birthdate _____ Relationship _____
Name _____ Birthdate _____ Relationship _____

ACCOUNT TYPE

Big Easy Smile Plan: \$280/year + \$250/year per additional family member (children enrolled in college until age 23)

PAYMENT OPTIONS

Credit/Debit: Visa, Amex, MC, Discover

Card # _____ Exp Date _____ CVC _____ Billing Zip Code _____

I would like to add \$ _____ to my account each month using my credit card authorization.

I understand that this credit will be held on my account to pay for future dental treatment, or may be refunded to my credit card per the terms of this agreement.

Appointments cancelled without 2 business days notice will void the ability to reschedule further care until a \$50 broken appointment fee is received.

The **Smile Savings Plan** offers significant discounts on dental services exclusively at the Aesthetic Smile Studio. I understand the benefits, limitations, exclusions and requirements of this plan and agree to the following: Fee for dental services are due when rendered. Fees for fixed or removable restorations (dentures, partials, crowns, onlays, veneers) are due at the impression visit. Club benefits may not be used with any insurance plans, discounts, or for injuries covered under workman's compensation. Non-refundable for any reason for one year. It is the participant's responsibility to utilize the benefits during the coverage dates.

Signature _____ Date _____



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