

## TERMS AND CONDITIONS

### Benefits

- Two simple cleanings and exams each year
- 20% discount on periodontal cleanings
- All necessary x-rays are included with each cleaning visit
- One free fluoride treatment
- One emergency exam and necessary x-rays per year
- 20% discount on all procedures including crowns, fillings, extractions, root canal, and implant restorations
- Option to start a Dental Savings Account:
- Benefits can only be used at office of Noah Dean Miller DMD, LLC
- Periodontal Cleanings are not covered 100% but do get a 20% courtesy discount.
- Work done and charged to Care Credit cards will have courtesy discounts reduced by 10%

### Limitations

**Smart Dental Plan** benefits offers significant discounts on dental services. I understand the benefits, limitations, exclusions, and requirements of this plan and agree to the following; Fees for dental services are due when rendered. Fees for prosthodontics (dentures) and cast restorations (crowns and veneers) are due ½ payment at preparation, impression visit. Remaining balance due at cementation and delivery visit. Members must remain in the plan a minimum of 12 months. For your convenience contract will renew at each anniversary period unless cancelled.

Please read and sign below:

Signature \_\_\_\_\_

Date \_\_\_\_\_



*Do you want to be in control of your dental insurance benefits?*

*Do you want to be in control of which dentist you chose to see?*

*Do you want to be in control of your treatment decisions?*

*WE HAVE GOOD NEWS FOR YOU!*

*JOIN OUR SMART DENTAL PLAN*

*Gentle & Caring  
Family Dentistry*

NOAH DEAN MILLER DMD, LLC  
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REGISTRATION FORM

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Birthday \_\_\_\_\_ Employer & Title \_\_\_\_\_

List Covered Dependents (Eligible dependents include only spouses and children under the age of 22)

Name	Birth Date	Relationship	Name	Birth Date	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PAYMENT OPTIONS

Yearly discount plan (\$250 + \$200 per additional member)

Total: \_\_\_\_\_ per year    Cash \_\_\_\_\_    Check \_\_\_\_\_    Credit Card # \_\_\_\_\_    Exp. Date \_\_\_\_\_

Billing Zip code \_\_\_\_\_    CVC \_\_\_\_\_    Card Type: MC/VISA/DISCOVER

Signature \_\_\_\_\_