



Belvedere Plaza Dental  
Dr. Abbas Haider, DDS  
3521 Memorial Drive, Suite A Decatur, GA 30032  
404-567-8485  
DrHaider@AbbasHaiderDDS.com  
<https://mysmileadvantage.com/location/abbas-haider-dds/>

#### 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 courtesies. This plan is only valid at this dental office. Care from other providers or specialists is not included. 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. The plan is non-transferrable.
- In exchange for the care provided under this plan, the covered member agrees to pay all balances in full at the time of treatment. If treatment is not paid in FULL at the time of service, the 20% discount is void UNLESS you are using a third party company such as Care Credit, or any other finance company. The discount offered on treatment using third party financing will be 10%.
- The member has the right to opt out of the plan for a full refund within 3 days of enrollment as long as treatment has not started. If ANY treatment has been performed or if 3 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 can be renewed at the end of each plan year.
- If appointments are broken without 24 business hours prior notice, a cancellation fee will apply.
- Perio Plan- this is the plan you must utilize if you have ever been diagnosed or treated for Periodontal Disease.



**SmileAdvantage**   
*Dental Savings for Healthy Smiles*

*brought to you by Abbas Haider, 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

- Up to 2 Exams, Routine Visits and Necessary X-rays
- Perio Plan- Up to 4 Perio Maintenance Hygiene Visits, 2 Exams & Necessary X-rays
- 1 Emergency Care Visit: Exam and Necessary X-rays
- Oral Cancer Screening
- Up to 2 Fluoride Treatments When Indicated
- 1 Cosmetic Consultation/Orthodontic Consultation
- \$50 Off Nitrous Oxide When Indicated
- \$500 Off Clear Aligner Therapy (ie; Clear Correct)
- \$100 Off Lifetime Teeth Whitening System
- Complimentary Toothbrush and Floss With Every Hygiene Visit
- \$20 Off Hygiene Maintenance System
- \$100 Perio Protect System
- 20% Discount on Most Other Dental Treatment- Including Cosmetic

## 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  
Perio Plan - \$649/person

TOTAL CHILDREN ENROLLING: \_\_\_\_\_  
TOTAL ADULTS ENROLLING: \_\_\_\_\_  
TOTAL PERIO PLAN ENROLLING: \_\_\_\_\_

## Payment Details:

Fees will be due at the time of enrollment.

## Payment options:

Cash  Credit Card  Debit Card

## Credit Card Information:

Visa  MasterCard  American Express

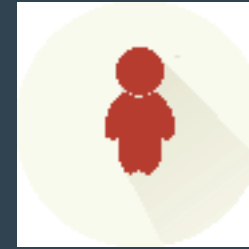
Cardholder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

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<sup>†</sup>



ONLY

**\$299**

## Adult



ONLY

**\$349**

## Perio Plan<sup>\*\*</sup>



ONLY

**\$649**

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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 most other restorative, preventative 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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- Complimentary Toothbrush and Floss With Every Hygiene Visit
- \$20 Off Hygiene Maintenance System
- \$100 Perio Protect System
- 20% Discount on Most Other Dental Treatment- Including Cosmetic

## 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.

<sup>†</sup>Children 13 or younger

<sup>\*\*</sup> If periodontal infection is present, a periodontal plan may be required at an additional charge.