

- ** NO DEDUCTIBLES OR COPAYS**
- ** NO ANNUAL MAXIMUM**
- **NO WAITING PERIOD OR EXCLUSIONS**
- **NO CLAIMS TO FILE**
- **NO PREAUTHORIZATION REQUIRED**



Membership Premiums

Tier I \$199.00

Tier II \$299.00

Acceptable Methods of Payment:

- All Major Credit/Debit Cards
- Personal Check • Cash • Care Credit

What's Included in the Plan?

Tier I

TWO ORAL EXAMINATIONS PER YEAR
TWO DENTAL CLEANINGS PER YEAR
X-RAYS

Tier II

2 ORAL EXAMINATIONS PER YEAR
2 DENTAL CLEANINGS PER YEAR
(20% off 3rd & 4th Visits)
Oral Cancer Screening
Annual Digital X-Rays
Intra Oral Pictures
Preventative Fluoride
Limited/Problem Focused Exams & Single X-Rays
(Discounted 20%)

BASIC RESTORATIVE PROCEDURES

- Fillings
- Extractions

(Discounted 20%)

MAJOR RESTORATIVE PROCEDURES

- Periodontics
- Root Canals
- Crowns

(Discounted 20%)

COSMETIC PROCEDURES

- Veneers
- Cosmetic Bonding

(Discounted 20%)

If Care Credit is used to pay for services the discount will be decreased by 5%

Limitations

- The annual membership fee is due in full upon registration.
- Membership is effective in the month initial payment is received.
 - Payment is due in full at time of service
- It is the responsibility of the member to take full advantage of their plan by scheduling all appropriate appointments within the 12 month period. If the appointments are not scheduled or appointments not kept, the member is NOT entitled to a refund.
- a 48 hour cancellation policy will be enforced. 2 non-kept appointments will result in a Non- Refundable Voided membership.
- Annual Membership renewal is due the beginning of the "anniversary month" each year.
- The membership is NOT a Dental Insurance Plan and is EXCLUSIVE to Goliad Dental Care. It is not transferrable and cannot be used in conjunction with any other dental insurance or discount plan.



Easy Registration...

Enrollment Date ____/____/____

of Adults _____
List Member(s)

of Children (13 & under) _____
List of Member(s) & Date of Birth

_____ _____
_____ _____
_____ _____
_____ _____

I, the undersigned, understand and accept all the given terms and conditions explained to me for myself and any members included in this agreement, and I hereby authorize Goliad Dental Care to charge me for the stated amount.

Signed _____

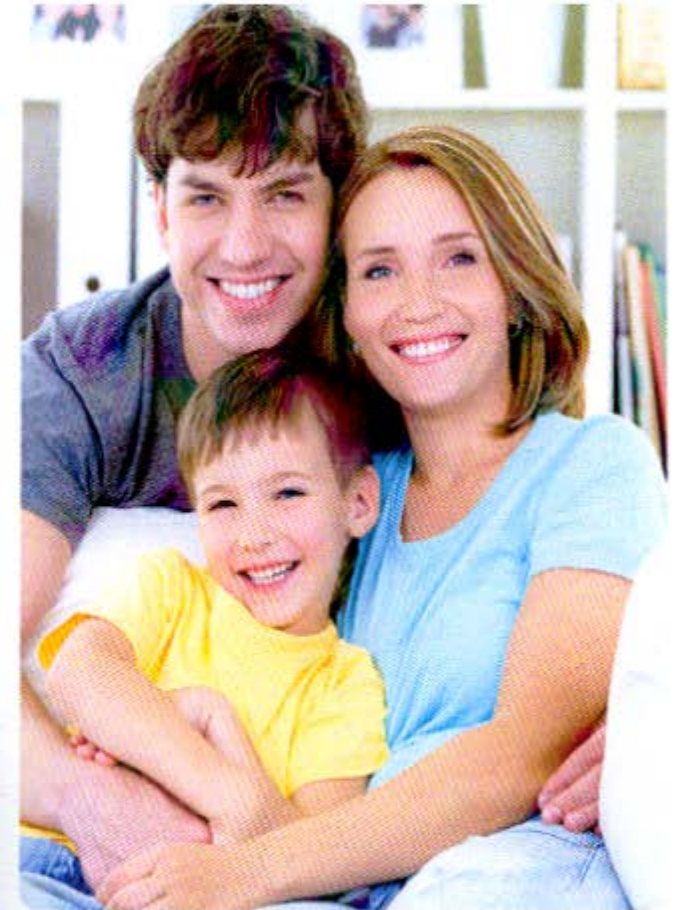
Date: ____/____/____



317 S. Market St.
Goliad, TX 77963
Phone: (361) 645-2381

Goliad Dental Care
SMILE MEMBERSHIP

Smiles
For Life



Our Smile Membership Program is designed to satisfy the demands of patients who have asked for something better. It is developed to provide affordability and easy access to our excellent, gentle, quality dental care.

