



SmileAssist™
by RacineDentalGroup

SmileAssist™ Enrollment Form

Whether you're new to SmileAssist or re-enrolling, please complete this form, sign the Terms & Conditions on the back, and mail or bring it in person to: **1101 S. Airline Road, Racine, WI 53406**. Questions? Call **(262) 637-9371**.

First Name _____ Last Name _____ Middle Initial _____
Mailing Address _____ City _____ State _____ Zip _____

SmileAssist Enrollees

List all people you are signing up for SmileAssist including yourself (if you are enrolling). You may sign up a legal spouse and legal dependents (covered until their 18th birthday).

FIRST NAME	LAST NAME	RELATIONSHIP	DATE OF BIRTH	GENDER (M/F)

SmileAssist Costs

Choose a SmileAssist plan below. **Please check only one circle** (unless you are choosing Group Add-On's) and then calculate your Individual Grand Total OR Group Grand Total. Questions? Call **(262) 637-9371**.

INDIVIDUAL PLAN – 1 ENROLLEE

<input type="radio"/> Adult or Young Adult - \$400	\$
<input type="radio"/> Child - \$220	\$
<input type="radio"/> Toddler/Infant - \$115	\$
Individual Grand Total	\$

INCLUDED SERVICES: Per 12 months

Adult/Young Adult (15-17) – 1 comprehensive exam, all diagnostic x-rays as prescribed, 2 fluoride treatments, 2 routine cleanings, 1 oral cancer screening

Child (4-14) – 1 comprehensive exam, all diagnostic x-rays as prescribed, 2 fluoride treatments, 2 routine cleanings

Toddler/Infant (3 or younger) – 2 comprehensive exams, 2 fluoride treatments

GROUP PLAN – 2 ENROLLEES OR MORE

<input type="radio"/> Adult + Spouse - \$745	\$
<input type="radio"/> Adult or Young Adult + Young Adult - \$745	\$
<input type="radio"/> Adult or Young Adult + Child - \$620	\$
<input type="radio"/> Adult or Young Adult + Toddler/Infant - \$515	\$
<input type="radio"/> Child + Child - \$440	\$
<input type="radio"/> Child + Toddler/Infant - \$335	\$
<input type="radio"/> Toddler/Infant + Toddler/Infant - \$230	\$
Group Subtotal	\$

Group Add-On's:

<input type="radio"/> Young Adult or Child	# _____ x \$140 ea.	\$
<input type="radio"/> Toddler/Infant	# _____ x \$115 ea.	\$
Group Grand Total		\$

SmileAssist Payment & Authorization

Cash (Do not mail cash) Check (Payable to Racine Dental Group) Credit Card

Name on Credit Card _____

Billing Address _____ City _____ State _____ Zip _____

VISA MasterCard Credit Card Number _____
 Discover Exp. _____ CVV _____

I hereby authorize Racine Dental Group S.C. to charge my credit card account for the amount set forth in this application without any further notice to me.

X _____ Date _____
(Signature of Cardholder)

SmileAssist Program Disclosures:
Treatment is limited to 12 consecutive months; 15% discount on all prescribed services as needed (20% for seniors 62+). This program is NOT insurance and is available only to customers without dental insurance; Wisconsin residents only. Program enrollment will be on a bi-annual basis (enrollment is for a one (1) year period of time). Payment is due in full upon enrollment. Payment for all non-covered services is due at the time of service. Subject to applicable Terms and Conditions and Exclusions/Limitations. Program is revocable/terminable by Racine Dental Group (RDG) for any reason, and RDG may reimburse the prorated portion of the program fees paid by customer in such event.

SmileAssist™ Terms & Conditions

Please review the important SmileAssist information below. Be sure to add your name, signature and date at the bottom of this page before you submit your SmileAssist enrollment form.

This enrollment form constitutes your membership agreement in the Racine Dental Group S.C. ("RDG") SmileAssist program (the "SmileAssist program"). The SmileAssist program is not sold or regulated as, nor does it constitute, insurance. The SmileAssist program provides discounts on certain dental services provided by RDG providers to members of the SmileAssist program. If a provider is no longer part of RDG, such discounts under the SmileAssist program do not apply.

The SmileAssist program is only available to individuals who reside in Wisconsin who do not have other dental insurance. In signing this membership agreement, you are representing that you, and any family member(s) you are enrolling, are Wisconsin residents and do not have other available dental insurance. You promise to immediately notify RDG upon eligibility to obtain other dental insurance for you or any family member who is enrolled in the SmileAssist program. Upon such notification, your participation in the SmileAssist program will immediately terminate. RDG reserves the right to terminate the SmileAssist program or members from the SmileAssist program for any reason, including non-payment of annual program fees.

This SmileAssist program offered by RDG is non-assignable and non-transferable. Annual SmileAssist program charges are due in full upon enrollment. The SmileAssist program begins on the current benefits start date and runs for one year from that date. RDG will contact you prior to expiration of the SmileAssist program for renewal at the then-current rates and discounts.

Exclusions/Limitations:

1. Services not reasonably necessary or not customarily performed for dental care.
2. Services not diagnosed and ordered by the dentist.
3. Services or expenses incurred in connection with any dental procedures started before the patient was covered in the SmileAssist program.
4. Equipment or materials used in connection with any services.
5. Prescriptions and drugs, other than those used for anesthesia.
6. Hospitalization and related charges.
7. Due to individual circumstances, some of the SmileAssist services may require a referral to an outside specialist. While Racine Dental Group specialist fees are covered, the fees for outside specialists are not covered.
8. Panoramic or full-mouth series x-rays are limited to one (1) per five (5) years.
9. Dependents will be covered until their 18th birthday.
10. Periodontal maintenance services, though not covered, will be credited the cost of routine cleanings two times per year.

I HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS HEREIN BY MY SIGNATURE BELOW. THE STATED TERMS AND CONDITIONS ARE INCORPORATED HEREIN AND BY REFERENCE ARE MADE A PART HEREOF.

Accepted and Agreed by Customer:

Printed Name _____ Date _____

Signature _____