



I understand that eligibility is based on twelve consecutive months following the enrollment date.

| | | | | | | |
|---------------------|------------------|--|------------|--|---------|--------|
| Subscriber | Last Name | | First Name | | DOB | SS# |
| Address | Street | | City | | Zip | Apt # |
| Phone | Home | | Work | | Ext | Cell |
| Individual \$99 Yr. | Last Name | | First Name | | DOB | SS# |
| Couple \$129 Yr. | Last Name | | First Name | | DOB | SS# |
| Family \$149 Yr. | Last Name | | First Name | | DOB | SS# |
| Spouse | | | | | | |
| Child | | | | | | |
| Child | | | | | | |
| Child | | | | | | |
| Child | | | | | | |
| Signature | X | | Date | | Check # | Amount |
| Payment Method | MasterCard/Visa. | | Exp. Date | | | |

MISSION STATEMENT

At Smile Design Dental Group, we provide the highest quality dental services at an affordable fee for our patients.

Who is Eligible

This in-office discounted fee schedule is designed for patients without any type of dental insurance.

Warranty

YES, we do warranty our dental work for five years as long as you complete recommended dental treatments and let us monitor the work we have done for you twice a year during your dental check-ups and cleanings.

We appreciate your assistance in helping us “look after” our work as we want to be sure you are receiving the best dental care.

Methods of Payment

Cash/Check
Care Credit
Visa/MasterCard



In-office Discounted Fee Schedule

www.smiledesigndentalgroup.com

2018

Smile Design Dental Group
390 Camino De Estrella
San Clemente, CA 92672
Tel: 949-481-2000
Fax: 949-481-2411