

# MFDC Smile Plan

No insurance?? Well, we have a plan for that!!

The **MFDC Smile Plan** is an annual dental savings plan that has been developed by our practice to help your family receive the highest quality care you deserve at prices that you can afford. The **MFDC Smile Plan** allows you and your family the benefits of traditional insurance without the hassle of waiting periods, deductibles, and coverage exclusions.

## How Membership Works

- Two free preventative hygiene visits per year (including examinations and fluoride treatments for all patients).
- Free dental x-rays for all visits.
- Periodontal procedures **20% off**.
- All necessary dental treatment **20% off**.
- Cosmetic services (whitening, BOTOX, etc.) NOT included.

## Annual Membership Fee\*

1 member	\$350.00*
2 members	\$650.00*
3 members	\$950.00*
4 members	\$1250.00*
5 members	\$1550.00*
6 or more members	Call for a fee consultation

\*Fee payable at time of plan acceptance

## Frequently Asked Questions

### Where are services rendered?

Treatment on this plan is offered exclusively at our office, Minton Family Dental Care. We are located at 210 Cedar Fork Rd, Tazewell, TN 37879.

### How do I receive care?

Once you are a member of the MFDC Smile Plan, call our office and set up an appointment. Our office hours are Monday-Thursday, 8:30am-5:00pm.

### Who is eligible for the Smile Plan?

You, your spouse, and any dependent children under the age of 19 or full-time students up to age 23 years of age (proof of student status must be provided).

### When will benefits begin?

Benefits will begin immediately after enrollment. Members must remain in the plan a minimum of 12 months. This plan cannot be used in addition to another dental plan or dental insurance. However, members will be eligible to use CareCredit with our plan.

### How do I make payments for treatment?

Membership fees and payment for dental services are made directly to our office.

### How do I become a Smile Plan Member?

New members will need to fill out our enrollment form. After your membership fees are collected, you will be ready to utilize your plan.



**MFDC Smile Plan Enrollment Form**

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

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

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

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

Birthdate \_\_\_ / \_\_\_ / \_\_\_ Employer \_\_\_\_\_

**List Covered Dependents**

Name	Birthdate	Relationship

**Payment Method**

Annual Payment

1 member	\$350.00
2 members	\$650.00
3 members	\$950.00
4 members	\$1250.00
5 members	\$1550.00
6 or more members	Call for a fee consultation

\_\_\_ Check enclosed: \$ \_\_\_\_\_ (Make checks payable to Minton Family Dental Care)

\_\_\_ Credit Card: \$\_\_\_\_\_ Card Type: Visa/MasterCard/Discover  
Card #: \_\_\_\_\_ 3 digit Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**MFDC Smile Plan Enrollment Form**

Please Read and Sign Below

I understand the benefits, limitations, exclusions, and requirements of the MFDC Smile Plan and I agree to the following:

1. Membership fees are due at time of enrollment.
2. This plan is effective for 12 months and membership is non-refundable.
3. I understand that this plan covers only dental treatment.
4. Fees for dental services are due when services are rendered.
5. Fees for prosthodontics and cast restorations are due at the preparation/impression visit. Failure to comply may result in being charged usual and customary fees for such services.
6. I agree to pay any and all costs in collecting all charges, including but not limited to attorney fees and court costs.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Mail this form to:**

Minton Family Dental Care  
210 Cedar Fork Rd  
Tazewell, TN 37879