



Our goal is to help you have the beautiful, healthy smile that you want and deserve. There are common reasons why people stay away from the dentist, but one of the most common reasons we hear is, "I can't come to the dentist because I don't have dental insurance." We are pleased to offer the **Dental Expressions' Smile Club** to all of our patients who have no dental benefits.

We are dedicated to providing high quality dental care in the most comfortable and courteous manner possible so our patients can achieve and maintain optimal oral health, thereby improving the quality of their lives.

### Annual Membership Cost

Single Member.....	\$350.00
	(savings of \$43.00)
Additional Immediate Family Member.....	\$250.00
Additional Child Member (under 15).....	\$150.00
Periodontal Patient (3 cleanings).....	\$600.00
	(savings of \$64.00)
Add'l Immediate Periodontal Family Member...	\$500.00

### The Smile Club Includes:

- Two cleanings per year (three for Periodontal Patients)
- Two regular exams per year
- One set of cavity checking x-rays per year
- Any small, single film x-ray needed throughout the year
- 15% discount on dental work



**Smile Club**

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**Low Annual Membership Cost**

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**15% additional discount**

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**Feel confident**

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**No Insurance? No Problem!**

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**DENTAL EXPRESSIONS**  
 N3946 Columbia Ave  
 Kaukauna, WI 54130

920-788-6280

Please enroll me in the  
Dental Expressions Smile Club.

I understand that this is a 12 month contract with Dental Expressions and will expire one year from date of enrollment. Please indicate if you would like the plan to automatically renew.

**Terms and Conditions:**

- No other discounts apply
- Enrollments fees are non-refundable
- Cleanings must be performed in the same benefit year
- Payment is due in full on the date of service
- Payment plans are available at a reduced discount of 15% for those who qualify through CareCredit.
- Advanced cleanings are covered at a discounted rate.

Patient name:

\_\_\_\_\_

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

Credit Card Number:

\_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

Signature:

\_\_\_\_\_

Auto-Renew?: Yes \_\_\_ No \_\_\_

Payment in full \_\_\_\_\_

Monthly payments \_\_\_\_\_

