



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.....	\$300.00
	(savings of \$71.00)
Additional Immediate Family Member.....	\$200.00
Additional Child Member (under 15).....	\$150.00
Periodontal Patient (3 cleanings).....	\$550.00
	(savings of \$77.00)
Add'l Immediate Periodontal Family Member...	\$450.00

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
- Excludes Invisalign
- Excludes Cosmetic dentistry



Welcoming New Patients
 Corner of Columbia Ave & Hwy 55, Freedom
 Ph: 920-788-6280 www.greatdentalexpressions.com

Smile Club

**Low Annual
 Membership Cost**

**15% additional
 discount**

Feel confident

**No Insurance? No
 Problem!**

**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 10% for those who qualify through CareCredit.
- Advanced cleanings are covered at a discounted rate
- Invisalign not included

Patient name:

Date: _____

Credit Card Number:

Expiration Date: _____

3-Digit Security Code: _____

Signature:

Auto-Renew?: Yes ___ No ___

Payment in full _____

Monthly payments _____

