



Our goal at Dr Danziger's office is to give you the healthy, beautiful smile that you deserve. A lack of dental insurance should not prevent you from receiving the dental care necessary to maintain your oral health. We are pleased to offer our SmileSavers Plan for patients without dental insurance.

This plan is not dental insurance or a discount plan; it is a membership allowing you to receive significant benefits and savings here in our office.

**What is included:**

Each member is entitled to receive:

- Two routine cleanings per 12 month period
- Two checkup exams at your cleaning per 12 month period
- All necessary x-rays per 12 month period
- Application of topical fluoride twice per 12 month period under the age of 15
- A 20% reduction of our fees for any restorative needs: fillings, crowns, extractions, root canals, dentures and periodontal treatment per 12 month period.
- A 10% reduction of our fees for any cosmetic procedures: veneers and tooth whitening per 12 month period.

**Save over \$150 with our low membership fee**

No deductibles, waiting periods, or annual maximums!

**Membership Fee and Payment:**

- \$299 Per member for a 12 month period
- \$269 Per Senior member for a 12 month period (Age 65+)
- \$249 Per each additional family member, when enrolled at the same time
- \$199 Per dependent child (Age 9-19), when enrolled at the same time
- \$99 Per dependent child (Age 0-8), when enrolled at the same time

The fee is paid in full at the start of the 12 month period. Payment options include Cash, Check or Credit Card. All eligible treatment must be completed in that 12 month period, which becomes effective the day of payment. All services must be rendered at our office located at 297 Church Street, Naugatuck, CT 06787.

**Exclusions and Limitations:**

- The SmileSavers Plan is for patients who do not have dental insurance. If you are currently covered under a dental insurance plan, you are not eligible.
- Payments for enrollment fee and/or any treatment are due at time of service.
- For patients with a history of periodontal disease that requires maintenance 3-4 times a year, the Plan covers 2 of those visits. A 20% discount will be applied to any additional visits.
- If we determine the need to refer you to a specialist, the Plan does not apply to any treatment rendered by the specialist.
- The Plan does not apply to any Workman's Compensation or Employer Liability Claim'
- "Family Members" apply to individuals living in the same residence and/or children up to age 19. Dependent children cannot be listed as a primary member.
- We reserve the right to withhold treatment, including cleanings and x-rays, if there is a balance on your account. Payment is due at time of service.
- As stated in our financial policy, missed appointments or appointments cancelled with less than 24 hour notice are subject to our cancellation fee.

Dr. Danziger

FOR ALL YOUR DENTAL NEEDS

Dr.  
Danziger

FOR ALL YOUR DENTAL NEEDS

203.729.0563 | [www.doctordanziger.com](http://www.doctordanziger.com)



SmileSavers Plan

Primary Member Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_

Covered Dependents:

Name:	Date of Birth:	Relationship:

Please read:

I understand the benefits, limitations, exclusions and requirements of the SmileSavers Plan as outlined in my plan agreement.

Initials: \_\_\_\_\_

I agree to inform the office immediately if any aspect of the dental care is expected to be covered by Workers Compensation or Employer Liability Claim.

Initials: \_\_\_\_\_

I agree to inform the office immediately if I become eligible and begin to participate in a traditional dental insurance plan.

Initials: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Effective Date

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