Salt Lake Smiles

Changing smiles... Changing lives.

Comprehensive Dental Plan Contract

I, _____ have purchased and agreed to pay the applicable fee for the **Salt Lake Smiles Comprehensive Dental Plan.**
I understand that my discounted payment is due at the time of service and that my insurance will not be honored if payment in full is not received the day of service. I have agreed to the terms of the insurance which are as follows;

Single Plan includes coverage for one person
Dual Plan includes myself and my child or my spouse only
Family Plan includes up to 4 family members, children (up to 18 years of age) and/or spouse
***additional family members can be added for $150.00 each.**

I have reviewed the comprehensive dental breakdown and understand there is no limit on services per calendar year except what is outlined on the Comprehensive Dental Breakdown which I have reviewed.

I understand this policy will renew on the anniversary date of the first purchase and will renew automatically each year unless written notice is received 30 days before the renewal date.

This policy cannot be used in conjunction with another insurance policy.

I understand there is a possibility that Dr Osterhoudt would feel it necessary to refer out some procedures to other specialists. In those cases, I agree to pay the specialist their portion without the discount of my Salt Lake Smiles Comprehensive Dental Plan.

Salt Lake Smiles Comprehensive Dental plan is only valid at Salt Lake Smiles Dentistry with Dr Darrell Osterhoudt.

This policy is non transferrable and non refundable.

I understand these terms and agree to purchase Salt Lake Smiles Comprehensive Dental Program.

Single $277.00
Dual $557.00
Family $877.00
***Additional Family Members $150.00 each**

TOTAL FEE $_____

Additional Family Members;

Full Name	**DOB**	**Relation**
_____	_____	_____
_____	_____	_____
_____	_____	_____

RENEWAL DATE: _____

_____ _____ _____
Patient Signature Patient Name Date of Enrollment

DR. DARRELL L. OSTERHOUDT & ASSOCIATES, P.C.
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