



****Plan is only valid at the office of Robert A. Foster, Jr., DMD PC. This plan is not valid at any referring doctor's office.**

****Premiums are yearly and benefits are in effect for one year from the date of enrollment. Enrollment Fees must be paid in full before any services rendered. All benefits must be used within the one year. There is no rollover to upcoming year. *No exceptions.***

****Initial fee is non-refundable. There will be NO REFUNDS of the premium for any reason**

****Patients portion of fee is due at time of service.**

****All appointments are reserved. There is a \$72 fee for broken appointments without 24 hours advance notice.**

****Patient will not be able to reappointment until broken appointment is paid.**

****Plan is non-transferable.**

****Plan cannot be used with any other offers or discounts the office may introduce.**

****Plan is NOT INSURANCE. Enrolling in the Dr. Bob's Dental Smile Plan gives you the opportunity to obtain your dental treatment at reduced rates. This plan cannot be used with any type of insurance, discount plan, workers compensation, or dental benefits under a medical plan.**

****Plan cannot be used for services for treatment, which in the sole opinion of the dentist, lies outside the realm of their capabilities.**

Effective Date: _____

Amount Paid: _____

Patients covered under the plan:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Responsible party understands all the benefits and provisions of the Healthy Smiles Dental Plan and agrees to comply with them for all patients listed.

Responsible party (please print)

Signature

Date

Representative Robert A Foster Jr DMD PC

Signature

Date