OTHER WAYS TO SAVE

...Become an Ambassador of our office and become a



tell your friends and family about us, help them get a healthy smile!

1st referral:

\$25 towards treatment

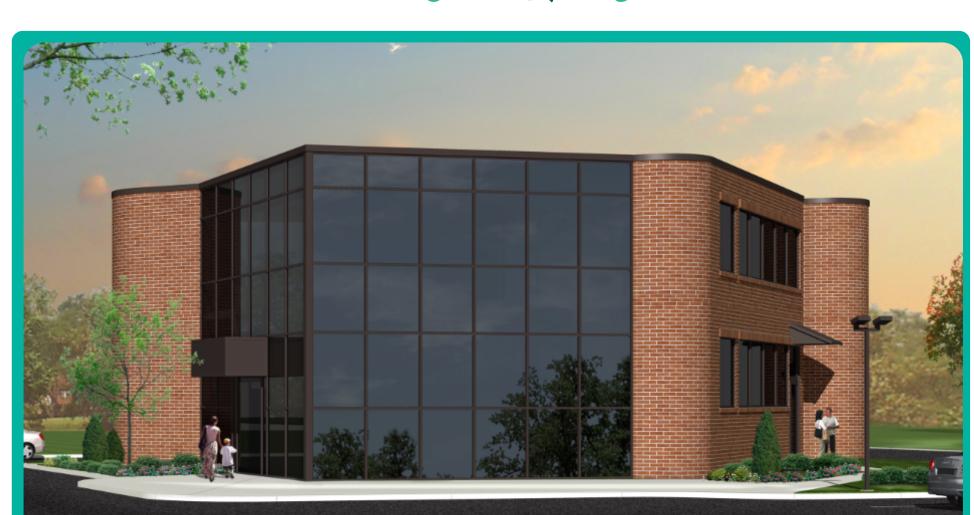
2nd referral:

\$50 towards treatment

3rd referral:

\$100 towards treatment and 5% off all out of pocket expense for the entire family for 1 year

- 2.5% off Same Day Dentistry
- 3. Pre-payment cash discount
- 4. Preventive dentistry that will keep your teeth cavity free.





www.SmileMoreDentist.com

YOUR DENTAL HOME



140 Oak Tree Road, Tappan, NY 10983 PHONE: 845-359-1763 EMAIL: Tappan.Smilemore@gmail.com



19 Legion Drive, Bergenfield, NJ 07621 PHONE: 201-384-2425 EMAIL: wdanewjersey@gmail.com

Dr. Tong, Dr. LaCap and Associates

www.SmileMoreDentist.com



Our solution for making quality dental care affordable and accessible for your entire family



SAVINGS CLUB

Vashington & Smile More Dental Associates Smile. Live. Give.

"Welcome to your new Dental Home!"

Vertice recognize that quality dental care is presently beyond the reach of millions of Americans. To offset the spiraling cost of care, we have developed our own Smile Savings Club. Now, with the convenience of controlled costs and flexible hours, world class dental care is more affordable and accessible than ever!

THE PLAN	Basic	Premium	
Enrollment Fee	\$300 \$540 (\$25/mo) (\$45/mo)		
Additional Family Members	\$250 \$450 (\$20.80/mo) (\$37.50/mo)		
Child Enrollment Fee (Under 14 Years)	\$200 (\$16/mo) N/A		
WHAT'S INCLUDED	Basic	Premium	
Checkups Cleanings Fluoride Treatments Fluoride Treatments: Children Emergency Exams Panoramic X-Rays	2 Per Year 2 Per Year Not Included 2 Per Year Unlimited As Needed	4 Per Year 4 Per Year 4 Per Year N/A Unlimited As Needed	
Bite Wings X-Rays	As Needed	As Needed	

PLUS

For dental treatment that you complete during the 12 month enrollment period (not calendar year) with no annual limits:

• Discounts on most dental procedures!

Basic

\$1000

• We guarantee any dental work you have done with us. If anything breaks or if you are in any way unhappy with your dental work, as long as you are committed to regular cleanings and consultations (minimum every 6 months), we will repair previously completed procedures free of charge or at a discounted rate.

TOTAL SAVINGS VALUE PER YEAR

Premium

\$1800

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Membership Fee Schedule GENERAL DENTISTRY

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DIAGNOSTIC	Basic	Premium	below and le
Oral Exam Emergency Exam Dental Cleanings Periodontal Evaluation Visual Oral Cancer Screening All Necessary X-Rays	Included	Included	
PERIODONTICS	Basic	Premium	C BASIC
Gum Infection Therapy Minor Periodontal Procedures Antibiotic Treatments	20% Off	50% Off	Monthly Paym \$25/month Children: \$16/mo
ROUTINE RESTORATIVE	Basic	Premium	Annual Payme \$300/year
White Fillings Inlays Onlays Single Crowns Crown Build-Ups	10% Off	20% Off	Children: \$200/ye
ENDODONTICS	Basic	Premium	
Root Canal Therapy	10% Off	20% Off	
PROSTHODONTICS (REMOVABLE)	Basic	Premium	
Partial Dentures Complete Dentures Denture Repairs and Adjustments	10% Off	20% Off	By signing above I agree to pa select a monthly membership subscription is automatically any point after the first year I Payment Policy In order to offer the substant
PROSTHODONTICS (FIXED)	Basic	Premium	to the following payment pol - All treatment fees are due ar - All fees for treatment requir - Cash payments not accepted
Permanent Dentures	10% Off	20% Off	- Child enrollment fee is a flat Exclusions We reserve the right to refuse account becomes delinquent
ORAL SURGERY	Basic	Premium	Procedure fee courtesies offe enrollment in the plan and m 3rd party financing plans (Ca discount plan.
Routine and Surgical Extractions	10% Off	20% Off	*Discounts through this plan
Implants	N/A	10% Off	

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mile Savings Club bership Agreement

join the club? Simply fill out the form nd let one of our team members know!

Names of Subscribers

Choose Your Plan (Circle One)

ayments

6/month

yments

Annual Payments

PREMIUM

Monthly Payments

\$45/month

\$540/year

200/year **Please Present Your** Credit Card to a Team Member

Print Full Name

Signature

ree to pay the selected amount at the agreed intervals and understand the following: If I mbership option I am agreeing to membership for the minimum of one year. The above natically renewed unless I notify Smile More Dentistry or Washington Dental Associates. At rst year I may opt out of the Smile Savings Club through written request

substantial procedure fee courtesies available under the terms of this plan, we must adhere ment policies:

re due and payable at the time service is rendered. nt requiring multiples visits or lab fees are due upon the first visit.

accepted for plan.

is a flat rate (no discount for additional members).

to refuse treatment and/or terminate this membership without notice if the member's linguent at any time. All other terms and conditions of service apply. esies offered under this plan shall not apply to any treatment already in progress prior to an and may not be combined with dental insurance benefits, other discounts, promotions or lans (Care Credit or Chase Health Advance). This is not a dental insurance plan but a

his plan cannot be applied to treatment done with Dr. Tong or partnering specialist doctors*



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