



The Smile Protection Program provides valuable dental discounts to you and your family, without the hassle or expense of traditional dental insurance. With an affordable annual fee, *there's never been a better time to enroll.*

Accepted at more than **150** dental centers in seven states.

FREE EXAM AND X-RAY WITH YOUR MEMBERSHIP

Each family member enrolled will receive a free oral exam and set of x-rays. See back for complete details.

COMPASSIONATE AND TRUSTED DENTAL CARE

At Great Expressions Dental Centers, we provide many specialties within one convenient dental group for comprehensive patient care for you and your family.

- No Claim Forms
- No Deductible or Hidden Fees
- No Annual Maximums
- No Pre-Authorization Requirements
- No Pre-Existing Limitations
- No Waiting – Immediate Eligibility

For additional enrollment information, visit www.SmileProtection.com or call **888-SMILE-80.**

As one of the largest providers of dental care in the United States, we know maintaining your recommended schedule of dental appointments is important to ensure prevention of gum disease, cavities, oral cancer and other dental concerns.

The Smile Protection Program, exclusive to Great Expressions, is designed to provide greater access to quality, affordable general and specialty dentistry. For one low annual fee, the dental savings available to you and your family start at your very first visit — and continue all year long!

DISCOUNTS COMPARABLE TO TRADITIONAL INSURANCE

BASIC DENTAL CARE	DISCOUNT
Comprehensive Oral Exam (D0150)	35%
Periodic Oral Exam	35%
Prophylaxis (Routine Cleaning)	35%
Intraoral, Bitewing or Panoramic Films	35%
Fillings	35%

MAJOR DENTAL CARE	DISCOUNT
Scaling and Root Planing	30%
Full Mouth Debridement	30%
Periodontal Maintenance	30%
Crowns	30%
Root Canals	30%
Extractions	30%
Dentures/Partials	25%

SPECIALTY DENTAL CARE	DISCOUNT
Orthodontics (Braces)	30%
Endodontics	30%
Oral Surgery	30%
Periodontics and Dental Implants	30%
Pedodontics	30%

Members receive 10% off Professional Home Care Products.

YOUR MEMBERSHIP OVERVIEW

NO WAITING PERIODS	Membership is immediate, with no pre-existing limitations and no pre-authorization or claim forms
EXPERTISE	Dentists and clinical staff receive on-going education in the latest dentistry techniques and advanced dental procedures
SAVINGS	Discounts on dental care, including orthodontics, with no deductible or hidden fees and no yearly limits
CONVENIENCE	Dental and specialty centers are conveniently located with flexible hours, including morning, evening and Saturday appointments
LOCATIONS	Locate a dental center that is close to work, school or home and schedule your appointment online at www.greatexpressions.com

Membership is active for twelve (12) months from enrollment date and membership fees are non-refundable. Smile Protection is not an insurance plan. Discounts applied at time services are provided to patient. Discounts are not valid on any sale or promotion items or services. Discounts not available on Vizilite Screenings, Arestin, Oraquix and some cosmetic services. Patient must be 18 years of age or older to sign up for program. Program not valid with any other insurance and can not be used for injuries covered under Worker's Compensation or under automobile, medical, no-fault, or similar insurance; nor for general anesthesia or IV sedation and hospitalization or hospital charges of any kind. Program valid exclusively at Great Expressions Dental Centers and affiliated dental/specialty centers and can not be used towards referrals to specialists outside of Great Expressions' dental network. Fees are subject to change and vary by state. FOR ORTHODONTICS: Available at select locations. Orthodontic patients under the age of 18, must have a parent or guardian sign up for the program. Patient co-payment entitles a covered individual to one orthodontic treatment plan consisting of twenty-four (24) consecutive months of active treatment. Patient must remain an active member of the program for the duration of treatment or patient could be charged additional fees. Orthodontic repairs due to other than normal use are not covered. For Florida Residents: LIC# DN10219

Your membership also includes a **FREE EXAM & X-RAY²** per family member

PREVENTATIVE CARE <i>(First patient visit each year)</i>	REGULAR SERVICE FEE ¹ <i>(without insurance)</i>	MEMBER SERVICE FEE <i>(with program)</i>
Comprehensive Oral Exam D0150	\$89	No Charge
Complete Series Intraoral X-Ray D0210	\$129	No Charge
Adult Prophylaxis (Routine Cleaning) D1110	\$94	35% off Regular Fee
Totals	\$312.00	\$61.10

¹Fees vary by state and are subject to change.

ENROLLMENT FORM

Complete form and deliver to any Great Expressions Location. Or send completed form and payment to: Great Expressions Dental Centers, Attn: Smile Protection Program, 300 East Long Lake Road, Suite 311, Bloomfield Hills, MI 48304

Last Name	First Name	Initial
Street Address	City	State Zip
Phone Number	Social Security Number	Date of Birth
Email Address		
Employer Name/Phone #	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
GEDC Office <i>(for internal use only)</i>	GEDC Acct #	

AS A PATIENT, I WISH TO APPLY FOR MEMBERSHIP IN THE GREAT EXPRESSIONS SMILE PROTECTION PROGRAM. I UNDERSTAND THAT ALL SERVICES UNDER THIS PROGRAM MUST BE OBTAINED AT AN AFFILIATED GREAT EXPRESSIONS DENTAL CENTER AND FURTHER, THAT MY COPAYMENT WILL BE DUE IN FULL AT THE TIME SERVICE IS RENDERED. THIS IS NOT AN INSURANCE PROGRAM.

Signature _____ Date _____

Spouse	Gender	Date of Birth
Child	Gender	Date of Birth
Child	Gender	Date of Birth
Child	Gender	Date of Birth

Individual Membership **\$59** Family Membership **\$89**

VISA® MasterCard® Discover® American Express®

Name on Card _____

Expiration Date ____ / ____

Security Code _____