



GROVE CITY CENTER FOR DENTISTRY
 BRYAN J. SIMONE DDS • KYLE J. LOWE DDS

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Great Smiles Wellness Plan Enrollment

Primary Participant Information

First Name	Last Name	DOB
Street Address		
City	State	Zip Code
Home Phone	Work Phone	Cell Phone
Email: _____		

Participant: List all eligible family members who will participate in a plan

First Name	Last Name	Relationship	DOB	Plan

Payment Information:

Qty		Total
_____	Adult Plan(s) x \$442 =	_____
_____	Child Plan(s) x \$342 =	_____
_____	Periodontal Plan(s) x \$642 =	_____

Please read the Terms and Conditions of our Great Smile Wellness Plan.

Payment is due at first appointment. Payment options are: Cash Check Visa Mastercard Discover

I have read and understand the Terms and Conditions of the Great Smile Dental Wellness Plan by The Grove City Center for Dentistry. I agree to all terms of the plan and agree to enroll.

Signature

Date

Great Smiles Wellness Plan Terms and Conditions

This plan is not to be considered insurance and is only offered to those patients without dental insurance.

The Great Smiles Wellness Plan is renewable on a yearly basis. Fees are non-refundable and non-transferrable. No substitutions allowed. All benefits must be used within the 12-month period after membership is paid in full.

The cost of the plan is a flat, one-time fee of \$442 (Adult), \$342 (Child) or \$642 (Periodontal) per person per year, due at sign-up. This fee is payable by cash, check, Visa, Master Card or Discover. CareCredit is not applicable.

This plan is only for The Grove City Center for Dentistry. Specialist referrals are not included in this program.

Children must be dependents of immediate family members.

To receive discount, all balances must be paid in full when services are rendered.

If patient cancels any appointment within 2 business days of appointment, he or she will be placed on a 24-hour cancellation restriction. If there is a second cancellation within 24 hours of an appointment, the plan will be nullified and all fees are forfeited.

Discount does not apply if treatment is due to injury with litigation, disability, or workers compensation.