

**Michael Mabry, DDS, MAGD**  
**Katie Coniglio, DDS**  
Smart Smile Dental Plan

Renewed/Purchased: \_\_\_\_\_

Effective Until: \_\_\_\_\_

Members may take advantage of savings through the Smart Smile Dental Plan. Members will have access to discounted services and most treatment we offer.

The plan is administered by our office Michael Mabry, DDS, MAGD. This plan is not insurance and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M & 956 CMR 5.00. This plan is not a qualified health plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of service. The plan does not pay providers directly. There are no claims to file. Plan members must pay for all services that are not included in the plan.

**Plan Includes - Per Person:**

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| 2 Regular Cleanings (per year)       | 2 Exams (per year)              |
| 1 Set of X-Rays (per year)           | 1 Fluoride Treatment (per year) |
| 1 Emergency Visit & X-Ray (per year) |                                 |

\*Any additional cleanings or any other dental procedure(s) will apply towards the reduced Smart Smile Dental Plan fee.

**Plan Options:**

- |                                    |                   |
|------------------------------------|-------------------|
| _____ Individual                   | \$328.00 per year |
| _____ Individual & Spouse or Child | \$478.00 per year |
| _____ Family Plan (any 3 members)  | \$678.00 per year |
| _____ Additional member            | \$150.00 per year |
| _____ Additional member            | \$150.00 per year |
| _____ Additional member            | \$150.00 per year |
| _____ Additional member            | \$150.00 per year |

Total Cost: \_\_\_\_\_

Please provide all names on this plan (including yourself):

_____	_____
_____	_____
_____	_____
_____	_____

By signing below I acknowledge that I understand that this is not an insurance plan. I understand that I cannot combine this with an insurance plan. I have read the terms in the brochure provided by Michael Mabry, DDS, MAGD. I understand that this will expire (1) one year from the date I signed this agreement. I also understand that there are no other discounts in addition to the including but not limited to senior citizen discounts.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)