

LOOKING FOR A MORE AFFORDABLE DENTAL PLAN?

KEEP EVERYONE IN THE FAMILY SMILING WITH HIGH QUALITY DENTAL CARE . NOW THERE IS NO NEED TO CUT CORNERS ON YOUR ORAL HEALTH BECAUSE YOU DON'T HAVE DENTAL INSURANCE. OUR SMART SMILE MEMBERSHIP CAN SAVE YOU MONEY IN ALL OF YOUR DENTAL TREATMENTS FROM CLEANINGS AND FILLINGS TO COSMETIC PROCEDURES AND CROWNS. THIS PROGRAM IS NOT A DENTAL INSURANCE . IT IS AN IN HOUSE DISCOUNT DENTAL PLAN OFFERED AT SMILES OF SPOKANE.

PROFESSIONAL DENTAL CARE IS A NECESSITY FOR EVERYONE THESE DAYS, ALTHOUGH BEING ABLE TO AFFORD IT HAS NOT ALWAYS BEEN WITHIN REACH....UNTIL NOW!!

- ⇒ FREE EXAMS & X-RAYS
- ⇒ NO ANNUAL LIMITS
- ⇒ NO DEDUCTIBLES
- ⇒ NO WAITING PERIODS

OUR SMART SMILE MEMBERSHIP CAN- NOT BE USED IN CONJUNCTION WITH ANY OTHER DISCOUNTS.

REFER A FRIEND PROGRAM

IT IS THE BEST COMPLIMENT TO REFER YOUR FRIENDS AND FAMILY TO OUR OFFICE. WHEN A NEW PATIENT MENTIONS THAT THEY WERE REFERRED BY YOU THEY GET TO SELECT A \$25 GIFT CARD AND SO DO YOU!

GIFT CARDS TO:

- ⇒ NORDSTROMS
- ⇒ CABELAS
- ⇒ CHILES
- ⇒ PF CHANGS
- ⇒ MOVIE THEATRE
- ⇒ ITUNES
- ⇒ LOWES
- ⇒ RED LOBSTER

IT'S OUR WAY OF SAYING THANK YOU FOR YOUR TRUST AND CONFIDENCE.

SMILES OF SPOKANE

3606 S REGAL ST
SPOKANE, WA 99223

Phone: 509-838-4165
Fax: 509-838-6959
E-mail: OFFICESMILESOFSPOKANE@GMAIL.COM



Excellence in dentistry in a caring atmosphere!

SMART SMILE MEMBERSHIP

COMPLETED BY EMPLOYEE

PATIENT ID _____ EMPLOYEE _____

EFFECTIVE DATE _____ EXPIRATION DATE _____

- INDIVIDUAL PLAN
 FAMILY PLAN

NUMBER OF MEMBERS _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

FAMILY PLAN MEMBERS _____ ACCOUNT # _____

PAYMENT BY:

- CASH
 CHECK
 CREDIT CARD

CARD # _____ EXP DATE _____

V CODE _____ BILLING ADDRESS _____

SIGNATURE _____

PROCEDURE DESCRIPTION	TREATMENT FEE	SMART SMILE FEE	YOUR SAVINGS
Initial Eligibility Exam		\$175/\$125	
Comprehensive Exam	\$138.00	\$0.00	\$135.00
Periodic Exam	\$88.00	\$0.00	\$80.00
Limited/ Emergency Exam	\$124.00	\$0.00	\$124.00
Full Mouth X-rays or Panorex	\$180.00	\$0.00	\$164.00
Comprehensive Exam	\$194.00	\$0.00	\$194.00
Adult Cleaning	\$152.00	\$122.00	\$30.00
Child Cleaning	\$102.00	\$82.00	\$20.00
Fluoride (Adult or Child)	\$56.00	\$45.00	\$11.00
Periodontal Maintenance Cleaning	\$234.00	\$187.00	\$47.00
Periodontal Deep Cleaning (per quadrant)	\$290.00	\$232.00	\$58.00
Sealants	\$77.00	\$58.00	\$15.00
Posterior Composite Fillings			
1 Surface	\$287.00	\$230.00	\$57.00
2 Surfaces	\$353.00	\$282.00	\$71.00
3 Surfaces	\$399.00	\$319.00	\$80.00
4+ Surfaces	\$415.00	\$332.00	\$83.00
Cerec Porcelain Crown	\$1,420.00	\$1,136.00	\$284.00
Core Build-Up	\$344.00	\$275.00	\$69.00
Core Build-Up Post	\$411.00	\$329.00	\$82.00
Recement Crown	\$135.00	\$108.00	\$27.00
Pulpotomy	\$351.00	\$281.00	\$70.00
Root Canal Treatment- 1 Canal	\$1,012.00	\$810.00	\$202.00
Root Canal Treatment- 2 Canals	\$1,139.00	\$911.00	\$228.00
Root Canal Treatment- 3 Canals	\$1,360.00	\$1,088.00	\$272.00
Root Canal Treatment- 4+ Canals	\$1,288.00	\$1,030.00	\$258.00
Non Surgical Extraction	\$234.00	\$187.00	\$47.00
Surgical Extraction	\$388.00	\$310.00	\$78.00
Bone Replacement Graft	\$591.00	\$473.00	\$118.00
Implant	\$3,097.00	20% off	Specials May Apply
Custom Abutment	\$931.00	20% off	Specials May Apply
Implant Crown	\$1,808.00	20% off	Specials May Apply
Implant Crown/Abutment	\$1,975.00	20% off	Specials May Apply
Dentures		20% off	Specials May Apply
Partials		20% off	Specials May Apply
Denture Reline (Upper or Lower)	\$524.00	\$419.00	\$105.00
Snore Guard	\$511.00	\$409.00	\$102.00
Nightguard	\$507.00	\$406.00	\$101.00
Nitrous	\$54.00	\$43.00	\$11.00

PROCEDURES NOT LISTED WILL BE DISCOUNTED UP TO 20% OFF OF OUR STANDARD TREATMENT FEE.

STANDARD TREATMENT FEES MAY BE SUBJECT TO CHANGE AT ANY TIME.

ALL SMART SMILE FEES ARE DUE AT TIME OF SERVICE

509-838-4165 WWW.SMILESOFSPokane.COM