PROGRESSIVE
Dentistry & Orthodontics

Saving Smiles Discount Plan Consent

- ☐ Single (1 person) $299 per year
- ☐ Couple (2 adults or 1 adult plus 1 child*) $399 per year
- ☐ Family (2 adults plus up to 3 children* or 1 adult plus up to 4 children*) $499 per year- Additional children $50 per year *child must live at the same address as adult and be 17yrs or younger in age

I understand that with my annual subscription I get up to two general cleanings per year for $20 each, and that I also receive 25% off all of my dental care.

I acknowledge that this is an in-house discount plan and not dental insurance. I hereby authorize my subscription to be automatically renewed at end of my plan period or until I cancel. I understand that there is no refund of my annual fee.

Signature: _____ Date:_____

Print Name: _____

Members Enrolled:

_____ _____

_____ _____

_____ _____