



2752 Pleasant Road, Suite 106, Fort Mill, SC 29708
803-548-4353 info@JasperDentistry.com

Smile Savings Plan

Patient Name: _____ D.O.B: _____

Responsible Party (if patient is under 18 years of age): _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone #: _____ E-mail: _____

Annual Membership Cost: \$349.00

Payment Method

Credit Card

○ Card #: _____

○ Exp. Date: _____ CVC: _____

Please contact our office if you would like to pay by cash or check.

Auto-Renewal Program

I authorize Jasper Dentistry to charge my credit card each year upon my anniversary date to automatically renew my enrollment in Smile Savings Plan. Jasper Dentistry will notify me when the plan is renewed for my records.

If I choose to discontinue participating in the Smile Savings Plan, I will notify Jasper Dentistry in writing **one month prior** to my anniversary renewal date.

Please mail this completed application to Jasper Dentistry:
2752 Pleasant Road, Suite 106, Fort Mill, SC 29708

By signing, I acknowledge that I have read the Smile Savings Plan brochure and understand the plan details and limitations.

Patient/Parent Signature: _____ Date: _____

Enrollment Date: _____
OFFICE USE ONLY