

TALLY DENTAL PAYMENT INFORMATION

Parent/Guardian Name: _____ Enrollment Date: _____
 Payment Amount: _____ MC Discover Other
 Credit/Debit Card No: _____ Exp. Date: _____ CVV#: _____

I understand and accept all terms and conditions of the **Tally Dental Children Smile Dental Savings Program** in the **Tally Dental Children Smile Dental Savings** brochure and such other terms and conditions, and any modifications, published on Tally Dental website from time to time at www.tallydental.com.

I here authorize Tally Dental Office to charge my credit/debit card, if applicable, for the stated payment amount.

Parent/Guardian Signature: _____ Date: _____

TALLY DENTAL, PA > 2418 Millcreek Lane, #3 > Tallahassee, FL 32308 > 850-727-5773
info@tallydental.com

Children Smile Program

Savings: Only during the membership term, Children Smile Members are entitled to the following savings off Tally Dental's Standard fees then in effect. Some Dental procedures are not done at our office and will be referred to another dental office that does not take this program.

ALL DENTAL TREATMENT PROVIDED BY A GENERAL DENTIST FOR CHILDREN 0-17YRS:

Treatment-ADA Code/Description	Standard	Children Smile
Diagnostic D0100-D0999		
<i>Examinations Twice a Year</i>		
D0120 Periodic Exam	\$64	No Charge
D0145 Evaluation under 3yrs	\$86	No Charge
D0140 Emergency Exam-as needed	\$97	\$32
D0150 Comprehensive Exam	\$113	No Charge
<i>X-Rays Twice a Year</i>		
Periapical-as needed	\$38-32	\$18-16
Bitewings and Panoramic	\$37-141	No Charge
Oral Hygiene instructions-1 a year	\$67	No Charge
Caries Risk Assessment-1 a year	\$91-93	No Charge
<i>All Other Diagnostic Services</i>		50% Off
Preventive D1000-D1999		
D1110 Prophylaxis-Adult 12-17yrs	\$113	\$56
D1120 Prophylaxis-Child 0-12yrs	\$86	\$37
D1206 Varnish	\$50	\$27
D1351 Sealant	\$69	\$32
<i>All Other Preventive Services</i>		50% Off
Restorative D2000-D2999		
Fillings and Stainless Steel crowns		35% Off
Endodontics D3000-D3999		
Pulpotomy and Pulpal Therapy		35% Off
Periodontics D4000-D4999		
Gingivectomy and Minor Perio-Procedures		35% Off
Oral Surgery D7000-D7999		
Simple Extractions		35% Off
Adjunctive Services D9000-D9999		
Consultations (Excluding all retail products)		20% Off



Children Smile Dental Savings Program

“It’s Better Than A Dental Insurance”

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BENEFITS

No pre-approvals or authorization required!
No maximums treatments.
No waiting periods for any services that we offer; all savings are available to you immediately.
No insurance claims, paperwork or hassles.
Same-day care for true dental emergencies, on hours of operations.
A team who really cares about you and your dental health.
Savings Fees on most dental treatment we offer in our office need to be paid to our office directly at the time of service.

PAYMENT POLICY

Given the substantial savings offered under the **CHILDREN SMILE PROGRAM**, Tally Dental strictly requires that:

1. All fees must be paid in full at the time each treatment/procedure is performed.
2. All appointments scheduled for 1 ½ hours or more require a deposit of 10% of the total fee for the schedule procedure(s). The Parent/Guardian's Failure to provide at least 48 hours advance notice of cancellation of any appointment for any reason will result in a broken appointment fee and forfeit of any deposit paid for the schedule procedures. Finally, Tally Dental reserves the right to deny all benefits and treatment under the **CHILDREN SMILE PROGRAM**, and/or suspend or terminate a patient's membership without notice if the patient's account becomes delinquent at any time or under any other circumstances. Except as stated in this paragraph. Tally Dental's standard terms and conditions of services set forth in the patient registration form and on its website www.tallydental.com, shall apply.

I HAVE READ AND ACKNOWLEDGE CSP POLICY. PARENT/GUARDIAN INITIALS _____
DATE _____.

Children Smile Program (CSP)

Savings: only during the membership term, Children Smile members are entitled to the following savings of Tally Dental's standard fees then in effect for children 0-17 years:

All of us at Tally Dental realize that not everyone has dental insurance and that dental treatments can be costly. As part of our efforts to help our patients obtain the best quality dental care, we are offering our **CHILDREN SMILE DENTAL SAVINGS PROGRAM**, which provides substantial savings off services at Tally Dental. Our program is ideal for children without dental insurance or if your child/children have exhausted his/her annual dental insurance benefits.

OUR PROGRAM IS BETTER THAN A DENTAL INSURANCE!

SIMPLE AND EASY PROGRAM

By enrolling in one of our programs you will be granted all savings and membership benefits that you signed up for.

MEMBERSHIP OPTIONS

Child 0-17 years of age Annual Membership Fees living in same household:

- OPTION 1: \$208 One Child**
- OPTION 2: \$410 Two Children**
- OPTION 3: \$606 Three Children**

Includes all fee savings and other benefits described in this brochure. Some **NO CHARGE** procedures are done twice a year and others once a year per enrollment year.

EXCLUSIONS

Savings under this program shall not apply to any treatment started prior to enrollment or after membership expires, nor to any treatment paid whole or in part by insurance. Not available if you have insurance. No insurance benefits or any other discount offer or advertised specials may be combined with this program. **THIS PROGRAM IS NOT A DENTAL INSURANCE AND IS ONLY VALID AT THE TALLY DENTAL OFFICE LISTED IN THIS BROCHURE OR AS UPDATED ON OUR WEBSITE AT WWW.TALLYDENTAL.COM.**

TALLY DENTAL ENROLLMENT INFORMATION

Child 0-17 yrs. old Membership Fees: Please Check: Initial Enrollment Renewal
 OPTION 1- \$208 per annum 1 Child OPTION 2- \$410 per annum 2 Children OPTION 3- \$606 per annum 3 Children
OPTION 2 AND 3 CHILDREN NEED TO BE LIVING IN THE SAME HOUSEHOLD. Membership fee is payable in full upon joining the program and is non-refundable once any discounted treatment is performed, any benefits are provided or after 30 days of purchased.

PARENT/GUARDIAN NAME: _____ RELATIONSHIP TO PATIENT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL (REQUIRED): _____ PHONE: _____
1 CHILD NAME: _____ DOB: _____ SS#: _____
2 CHILD NAME: _____ DOB: _____ SS#: _____
3 CHILD NAME: _____ DOB: _____ SS#: _____