



The SMILE Plan

An Individual
In-house Dental
Plan

Save 25% on ALL
Treatment

30-Day Money
Back Guarantee

Enroll Anytime

Dental Procedure	Normal Cash Fee	Your Cost	Your Savings
Recare*	\$256	\$50	\$206
Recare w/Perio Maintenance	\$308	\$95	\$213
Emergency Exam w/X-ray	\$118	\$50	\$68
Extractions (as low as)	\$213	\$159.75	\$53.25
2 Surface Filling	\$269	\$201.75	\$67.25
All Porcelain Crown	\$1,378	\$1,033.50	\$344.50
Implant	\$5,012	\$3,759	\$1,253
ALL OTHER TREATMENT	25% Discount		

* Recare Includes:

- Prophylaxis (Cleaning) - Once every six (6) months;
- Oral Evaluation - Once every six (6) months;
- 4 BWX (X-rays) - Once every six (6) months;
- Fluoride (Under the age of 14) - Once every six (6) months.

Any additional prophylaxis needed will be at a discounted price.

This Individual Dental Plan is made available through our office, Stonegate Dental Care. It is a discount, fee-for-service dental plan. For patients without traditional insurance, this plan allows us to deliver quality dental services at a reasonable and predictable price. Our dental plan emphasizes the importance of early prevention and detection of dental conditions. Our ultimate goal is the long-term dental health for you and your family.



RESTORATIVE, COSMETIC & IMPLANT DENTISTRY

(720) 851-7069

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ENROLL DIRECTLY WITH OUR OFFICE BY FAXING OR MAILING THIS APPLICATION.

Plan Policies

1. The Smile Plan is a one-year contract (12 months). If the plan is cancelled prior to fulfillment, the normal cash fee rates will be applied to ALL dental services previously provided while enrolled in The Smile Plan, minus any payments made for services previously rendered.
2. The rates and fees associated with The Smile Plan are available through Stonegate Dental Care only. Dental Specialists are NOT associated with the dental plan and in the case of a referral; patient will be subject to the Specialists normal service fees.
3. Fees are subject to change at any time without notice.
4. Whitening services are not included.
5. Patient is responsible to make all scheduled payments to The Smile Plan provider, Stonegate Dental Care, at the time service is rendered. This dental plan is NOT insurance.
6. Patient has read all covered services, payment schedules and exclusions offered by The Smile Plan.
7. Patient holds Stonegate Dental Care blameless for any harm or loss arising from services or omission of services by the providing dentist and his staff.
8. The 30-Day money back guarantee is only valid if the plan has NOT been used.
9. This contract does NOT have rolling enrollment. Patient will need to re-enroll every twelve (12) months.
10. By signing below, Patient understands and agrees with the Plan Policies.

Signature of Applicant

Date

Other Important Enrollment Guidelines to Follow:

1. All eligible dependents must be members of the same household.
2. The Smile Plan one-year contract (12 months) begins on the day payment is received, or when the first quarterly payment is received. Any services performed prior to payment will not receive the Smile Plan discount.
3. Patient does not have to wait for an Identification Card from Stonegate Dental Care to receive discounts.

Applicant's First Name		Last Name	
Address	City	State	Zip Code
Applicant's Birthdate	Social Security Number	Email Address	
Home Phone Number	Work Phone Number	Cell Phone Number	
Desired Effective Date (Must be the 1st of the Month)			

Please list ALL dependents	
Name	Date of Birth
1.	
2.	
3.	
4.	

Member Coverage Plan:	Yearly: \$240 (Breaks down to \$20/mo)	(Quarterly Payments: \$60)
Member + 1 Dependent**	Yearly: \$420 (Breaks down to \$35/mo)	(Quarterly payments: \$105)
*Each additional dependent is \$5/mo in addition to \$35/mo		

**A dependent is a spouse or a dependent child living in your home 18 years or younger or still a full-time high school student.