## The SMILE Plan Terms and Conditions

This dental membership plan is made available through Stonegate Dental Care. It is a discount fee for service plan. For patients without traditional insurance, this plan allows us to deliver quality dental services at a reasonable and predictable price. Stonegate Dental Care is not part of a dental corporation or group franchise. Therefore, this plan <u>cannot</u> be used outside of our office.

The following terms and conditions apply to The Smile Plan:

- 1. The Smile Plan is a 1-year contract (12 months). Annual membership fees must be paid in full prior to treatment.
- 2. Termination If the plan is terminated within the plan year, all discounted services received following the date of active enrollment will revert to our full cash fees.
  - a. Payments made towards the Smile plan will be applied to the adjusted fees as stated above. Member will be balance billed for the remaining portion due, if any.
  - b. Refunds No refunds will be given in the event member terminates the plan prior to the end of the plan year.
- 3. The Smile Plan is designed to aid our patients in affording dental care. This Plan is <u>NOT</u> a dental insurance and therefore, not subject to regulation by the State Department of Insurance. No insurance claim will be filed for members enrolled in The Smile Plan.
- 4. The Smile Plan cannot be used in conjunction with any other coupons, offers, dental insurance or dental discount plan.
- 5. The Smile Plan cannot be used for services or injuries covered under Workman's Compensation or for dental care that is covered under automobile medical insurance/claim.
- 6. The rates and fees associated with The Smile Plan are available through Stonegate Dental Care only. Dental Specialists are NOT associated with The Smile Plan. In the case of a referral to a Specialist, patient will be subject to the Specialist's normal service fees. Referrals are at the sole discretion of the treating dentist based on their professional opinion related to the scope of work.
- 7. Membership benefits are NON-transferable, have no cash value and may not be redeemed for cash.
- 8. Membership fees may be adjusted annually
  - a. Cash Fees (also known as Usual and Customary Fees) are evaluated on an annual basis. Once enrolled, your rate and plan inclusions will not change during the term of your membership (1 year), however, Cash Fees are subject to change based on industry standards. These potential changes could impact the end pricing of treatment provided at a 20% discount. The percentage of discount given (20%) will not change.
  - b. Should our cash fees be evaluated and increased, <u>we honor Treatment Plan estimates for 90 days</u>.
- 9. All payments for services rendered are due on date of service, unless payment arrangements are made with the office PRIOR to treatment.
- 10. Stonegate Dental Care retains the right to interpret any program stipulation.

## The SMILE Plan

Coverage Details

Please select your plan:	All plans include the follow	wing:
Single Plan \$340	2 - Comprehensive / Periodic Exams	
Duo Plan \$620  Child Plan \$160  (13 yrs and younger) ** Only available as an ADD ON to a Single o	2 - Cleanings Prophylaxis or Perio Maintenance * Additional Perio Maintenance cle needed will be given at a 20% disc	count.
Child Plan Quantity:	As needed and requested by the Do	ctor.
Ollifa i fall Qualitity.	<b>- 2 - Fluoride Applications</b> For children 13 years and younger	
Total Smile Plan Cost:	PPE fees included with Annual P	lan
Rates for additional diagnostic, prev	ventative and perio services:	
Emergency Exam (includes digital in	images) \$50 Adult Fluoride	\$35
Sealants (per tooth) \$35	Silver Diamine Fluoride (per site)	\$45
Laser Bacterial Reduction \$50	Laser Assisted Perio Therapy (per quad)	\$50
Arestin (per site) \$50	VelScope - Oral Cancer Screening	\$50
	om The Smile Plan. This includes, but is not limited to, Flu Chlorahexidine rinse, and take home whitening products.	ıoride
This includes all resto	receive 20% off all treatment serverative, implant and cosmetic dentistre ver-the-counter retail products are excluded from The Smith	у.
Enrollee's First and Last Name	Date of Birth	
Full Address		
Home Phone Number	Mobile Phone Number Enrollment Date	
Names of Additional Enrollees (if any)		
Enrollee's Signature		