



Springs Smiles Membership Plan

The Springs Smiles membership plans were designed to help make dental care more affordable for individuals and families without dental insurance. The plans we offer allow members to get the regular, preventative care they need, and provides additional discounts for any treatment completed in our office. These plans are ideal for those who are retired, self-employed, in school, or simply don't have insurance.

All of our plans offer free cleanings, exams, and x-rays, plus an additional 15% off any needed treatment. There are no co-pays or deductibles, no yearly maximums, and no waiting periods.

Plan Benefits and Fees

Adult:

- Two free cleanings per year (adult prophylaxis)
 - Two free exams per year (periodic exam)
 - Free yearly x-rays (bitewings, full mouth series, panoramic, periapical)
 - 15% percent off any additional treatment
- \$350/year**

Child (age 13 and under):

- Two free cleanings per year (child prophylaxis)
 - Two free exams per year (periodic exam)
 - Free yearly x-rays (bitewings, full mouth series, panoramic, periapical)
 - 15% percent off any additional treatment
- \$313/year**

Periodontal:

Required for periodontal patients

- Four free cleanings per year (periodontal maintenance)
 - Two free exams per year (periodic exam)
 - Free yearly x-rays (bitewings, full mouth series, panoramic, periapical)
 - 15% percent off any additional treatment
- \$697/year**

Rules, Limitations, and Exclusions

1. This is a membership plan that offers discounted treatment, it is NOT a form of insurance.
2. This membership plan is only valid at Springs Family Dental, 1935 N Union Blvd, Colorado Springs, CO 80909. Services performed outside the office are not covered.
3. Membership is for 12 consecutive months.
4. Membership fees must be paid in full at time of registration, and no refunds will be issued once membership has begun.
5. Members CANNOT have any other type of dental insurance/coverage. Obtaining other coverage while a member of "Springs Smiles" will immediately result in termination of the membership plan. Previously paid fees will not be refunded.
6. All fees for services provided must be paid in full at time of service, unless other arrangements have been made prior to service.
7. Periodontal patients MUST sign up for the "Periodontal Plan" and are not eligible for the "Adult Plan." Patients who receive periodontal treatment while on the "Adult Plan" will be allowed to finish their current plan, but will be required to switch to the "Periodontal Plan" upon completion.
8. Any addition cleanings, exams, or x-rays over the allowed benefit are provided at our usual fees minus the 15% discount. CBCT's are not included.
9. Scaling and root planing is not considered a cleaning and is provided at our usual fees minus a 15% discount.
10. Patients who have not previously had a comprehensive exam must complete one before entering a plan.
11. Members are responsible for receiving treatment within the twelve month timeframe. Unused benefits will not be refunded.
12. Failure to show or cancellation of a scheduled cleaning appointment without the required 48-hour notice will count as one of your cleaning occurrences and cannot be made up.
13. Products such as toothpaste, toothbrushes, rinses, etcetera are not included.
14. Rules, limitations, and exclusions are subject to change without notice.

Membership Registration

Full Name : _____ Birthday: ____/____/____

Home Address: _____

City: _____ State: ____ Zip code: _____

Additional Family Members:

Name	Birthday	Relation

Method of Payment (check): Cash Check Credit Card

I understand the benefits, limitations, exclusions, and requirements of the membership and I agree to the following: **I will remain in the plan and pay membership fees for a minimum of 12 months.** Payment of less than 12 months membership fees may result in my being charged the usual and customary fees for all services, including those already provided. Fees for dental services are due as the services are rendered. Failure to comply may result in my being charged the usual and customary fees for those services. A late fee may apply to accounts when there are not sufficient funds available in your account to clear your check payment when paying for services and/or initial yearly fees. I agree to pay any and all costs in collecting all charges including, but not limited to, attorney fees and court costs. Coverage must be continuous. Late fees must be made up for uninterrupted service. Fees are nonrefundable.

Signature: _____ Date: ____/____/____

OFFICE USE ONLY

Start Date: ____/____/____ End Date: ____/____/____

Adults: ____ x \$350 = \$ _____

Children: ____ x \$313 = \$ _____

Perio: ____ x \$679 = \$ _____

Total: = \$ _____