

Smile, Sparkle and Shine Membership Annual Agreement

Plan Benefits and Fees

Smile Membership Plan (age 14 and older) \$428 per year:

Two cleanings per year (adult prophylaxis)
Two check-up exams per year (periodic exam)
Regular dental x-rays (bitewings, full mouth series, panoramic, periapical)
Two fluoride treatments
One emergency exam (for a toothache, broken tooth or other dental emergency)
10% percent off any additional treatment

Sparkle Membership Plan (age 13 and under) \$353 per year:

Two cleanings per year (child prophylaxis)
Two check-up exams per year (periodic exam)
Regular dental x-rays (bitewings, full mouth series, panoramic, periapical)
Two fluoride treatments
One emergency exam (for a toothache, broken tooth or other dental emergency)
10% percent off any additional treatment

Shine Membership Plan (required for periodontal maintenance patients) \$823 per year:

Three or four periodontal maintenance cleanings per year
Two check-up exams per year (periodic exam)
Regular dental x-rays (bitewings, full mouth series, panoramic, periapical)
Two fluoride treatments
One emergency exam (for a toothache, broken tooth or other dental emergency)
10% percent off any additional treatment

Rules, Limitations, and Exclusions

1. This is a membership plan that offers discounted treatment; it is NOT a form of insurance therefore is not considered a qualified plan under the Affordable Care Act.
2. This membership plan is only valid at Ray Dental, 901 E. Harmony Rd, Ste #110, Fort Collins, CO 80525. Services performed outside the office are not covered.
3. Annual memberships are paid in advance on the beginning day of the patients benefit plan year via automatic credit/debit payment. Enrollment in automatic payment is required.
4. Annual memberships require a 12-month contract and renew automatically once a year until plan is cancelled by the patient.
5. In the event of a declined payment, the patient's membership will be immediately suspended, pending the member updating their payment information and their membership dues paid in full.
6. A missed annual payment will terminate the membership plan and could result in early cancellation fees.
7. Members that wish to cancel their plan must submit a letter of cancellation prior to the 1st day of the new contract period. Memberships cannot be cancelled by phone or email.
8. Early cancellation (less than 12 consecutive months) will result in loss of previously discounted treatment and billing of the remaining balance of the treatment provided.
9. Annual payments may change and you will be provided written notice prior to the billing period.
10. Early cancellation of a membership plan will result in a cancellation fee equal to the amount of the remaining contract. No refunds will be issued for any unused benefits if an annual membership plan is cancelled prior to the expiration date of the membership plan.
11. Members CANNOT have any other type of dental insurance/coverage. Obtaining other coverage while a member of the Smile, Sparkle or Shine Membership Plans will immediately result in termination of the membership plan. Previously paid fees will not be refunded.
12. All fees for services provided must be paid in full at time of service, unless other arrangements have been made prior to service.
13. Periodontal Maintenance patients MUST sign up for the "Shine Plan" and are not eligible for the "Smile Plan". Patients who receive periodontal treatment (scaling and root planning) while on the "Smile Plan" will be allowed to finish their current membership plan contract, but will be required to switch to the "Shine Plan" upon completion of the term of their current membership plan.
14. Any additional cleanings, periodontal maintenances, exams, or fluoride treatments over the allowed amount in a benefit period are provided at our usual fees minus the 10% discount.

15. Scaling and root planning is not considered a cleaning and is provided at our usual fees minus a 10% discount.

16. New patients must have a comprehensive exam upon entering a plan. The 10% discount will apply to the comprehensive exam.

17. Members are responsible for receiving treatment within the allotted timeframe. Unused benefits will not be refunded.

18. Failure to show or cancellation of a scheduled cleaning or periodontal maintenance appointment without the requested 2 of our business days' notice will count as one of your cleaning occurrences and cannot be made up.

19. Products such as toothpaste, toothbrushes, rinses, etcetera are not included

20. Rules, limitations, and exclusions are subject to change without notice.

This Agreement contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Agreement.

I understand the benefits, limitations, exclusions, and requirements of the membership plan and I agree to the following: 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.

By enrolling in an auto-debit contract, you authorize Ray Dental to, on a recurring basis, automatically charge the debit or credit card account you specified, for the annual payments on your auto-debit plan associated with your account, on the billing due date. You understand and acknowledge that Ray Dental will initiate transfers/charges pursuant to this authorization not to exceed the amount shown on your Membership Agreement.

If any portion of this agreement is deemed illegal, void or unenforceable, then the remaining agreement shall remain in effect.