

# Smile, Sparkle and Shine

## Monthly Membership Agreement

### Plan Benefits and Fees

#### **Smile Membership Plan (age 14 and older) \$38/month totaling \$456/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) \$32/month totaling \$384/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) \$70/month totaling \$840/per:**

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. Monthly memberships are paid in advance monthly, the first day of each month, on a month-by-month basis, via automatic credit/debit payment. Enrollment in automatic payment is required.
4. Monthly memberships require a minimum 12-month contract with the first 2 payments paid at the time of signing up. Early cancellation will immediately result in additional fees equaling the remaining months of the contract.
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 monthly 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 of the month. 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.
9. Monthly payments may change and you will be provided written notice prior to the billing period.
10. No refunds will be issued for any unused benefits if a 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, exams, or fluoride treatments over the allowed 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 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 monthly 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.