

ENROLLMENT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

MEMBERSHIP TYPE:

____ INDIVIDUAL \$195.00

____ GROUP: ____ 3-5 (5% off of \$195/participants)

____ 6-10 (10% off of \$195/participants)

____ 11 or more (15% off of \$195/participants)

(Contact us for group applications or visit www.allsmilesdentalmn.com)

PAYMENT:

Payment: ____ Check ____ Credit Card

Amount: \$ _____

Card Type: ____ VISA ____ MC ____ AMEX ____ DISC

Card Number: _____

Exp Date: _____

Security Code: _____

I agree to pay the amount charged for the membership selected. Membership starts on the date membership is paid for. I also agree to the terms and conditions of this offer.

Signature: _____

Date: _____

Mail or fax your enrollment form today!

ALL SMILES DENTAL
212 Clydesdale Trl, Ste 1040
Medina, Minnesota 55340

Phone: 763-478-6643
Fax: 763-478-2931
office@allsmilesdentalmn.com

www.allsmilesdentalmn.com



Dental Savings MEMBERSHIP PLAN

Your Smile, Our Pride



Save over **\$650** on preventative care including Cleaning, Exams & X-Rays. Plus up to **50%** discount on other dental services.

ALL SMILES MEMBERSHIP

All Smiles Dental recognizes challenges that you, the consumer, face when it comes to paying for the cost of dental care. At All Smiles Dental, for the cost of a membership fee, you will benefit from access to quality dental services at substantially affordable reduced costs.

FEATURES

- > Purchasing a Membership means you receive quality dental services from All Smiles Dental at special discount rates available only to members.
- > Complimentary preventative care at NO-Cost
- > In addition, you will receive an affordable and excellent coverage with membership substantial reduced fee on all major dental procedures such as fillings, crowns, bridges, deep cleaning, root canals, and dentures. Moreover, the benefits also include other specialty services such as wisdom teeth removal, bone graft, implant, and braces.
- > Annual benefits begin on the day you register and pay your membership dues.

ANNUAL MEMBERSHIP FEE

INDIVIDUAL: \$195.00 per All Smiles Membership participant.

GROUP: **5% off** of each All Smiles Membership fee of \$195 per person for group of 3-5 participants
10% off of each All Smiles Membership fee of \$195 per person for group of 6-10 participants
15% off of each All Smiles Membership fee of \$195 per person for group of 11 or more participants.

Membership Benefits

- > **COMPLIMENTARY PREVENTATIVE CARE** (over \$500 value)
- > **UP TO 50% DISCOUNT ON OTHER DENTAL SERVICES**
- > **NO DEDUCTIBLE**
- > **NO YEARLY MAXIMUM**
- > **NO WAITING PERIODS**
- > **NO PRE-EXISTING CONDITION CLAUSES**
- > **NO PRE-AUTHORIZATION**
- > **NO THIRD PARTY INSURANCE CLAIMS**
- > **NO HIDDEN COSTS**

Membership benefits also include following complimentary preventative care at **NO-COST**:

free Standard cleanings (prophylaxis) – 2 per year	\$200
free Initial comprehensive exam	\$86
free Annually, a second (periodic) exam with your second standard cleaning	\$56
free X-rays as required for your exams	\$150 - \$206
free Fluoride treatments – 2 per year	\$94
free Expert oral hygiene instruction – 2 per year	\$98
Total Value: \$684 - \$742	

ELIGIBILITY

FOR INDIVIDUAL AND FAMILY:

Memberships are available to any individual who does not have dental insurance coverage. Parents or guardians who would like to enroll children or dependents on their own plan may also do so.

FOR GROUP PURCHASES:

For a small business or any group (large families, church or community groups etc., with 3 or more participants) not participating in dental insurance plans, please consider purchasing Memberships in lieu of buying insurance benefits. We assure you that All Smiles Membership provides more value for the dollar than most regular insurance plans. Check out our special savings offers for group purchases. See our website (www.allsmilesdentalmn.com) for group application form.

**Sample fee schedule comparing All Smiles Membership fees and the regular fees.*

	PROCEDURES	ALL SMILES REGULAR FEE	ALL SMILES MEMBERSHIP FEE	MEMBERSHIP SAVING
*Sample fee schedule comparing All Smiles Membership fees and the regular fees.	DIAGNOSTIC & PREVENTIVE			
	Initial comprehensive exam	\$86	Free	100%
	Periodic recall exam	\$56	Free	100%
	Intraoral series x-ray	\$150	Free	100%
	Standard cleaning (up to 2 per year)	\$100x2	free	100%
	Flouride treatment (up to 2 per year)	\$47 x 2	Free	100%
	Oral hygiene Instruction	\$49 x 2	Free	100%
	Total Value: \$684		FREE	
	Emergency/ problem focus exam	\$79	\$41	35%
	PA (individual) x-ray	\$34	\$22	35%
	Panoramic x-ray	\$137	\$89	35%
	Sealant per tooth	\$58	\$29	50%
	Preventative resin restoration	\$119	\$77	35%
	Space maintainer (fixed unilateral)	\$405	\$203	50%
	Occlusual guard (night guard)	\$594	\$356	40%
	RESTORATION/ FILLINGS			
	Amalgam filling (Silver filling)			
	1 surface	\$147	\$118	20%
	2 surface	\$186	\$149	20%
	3 surface	\$228	\$182	20%
	4 surface	\$284	\$227	20%
	Composite filling (White filling)			
	Anterior (Front) tooth			
	1 surface	\$174	\$139	20%
	2 surface	\$232	\$186	20%
	3 surface	\$287	\$230	20%
	4 surface	\$340	\$272	20%
	Posterior (back) tooth			
	1 surface	\$192	\$154	20%
	2 surface	\$273	\$218	20%
	3 surface	\$338	\$270	20%
	4 surface	\$394	\$315	20%
CROWNS				
All porcelain	\$1,213	\$970	20%	
Porcelain fuse to noble metal (PFM)	\$1,213	\$970	20%	
Full high noble metal (full gold crown)	\$1,240	\$1054	15%	
3 unit PFM bridge	\$3,330	\$2,664	20%	
ORAL SURGERY				
Simple Extraction	\$186	\$149	20%	
Surgical Extraction	\$353	\$282	20%	
Surgical Extraction (Comp Bony Impacted)	\$597	\$477	20%	
Bone Replacement (For Ridge Preservation)	\$560	\$420	25%	
ROOT CANAL TREATMENT				
Anterior tooth (1 canal)	\$882	\$706	20%	
Bicuspid tooth (2 canal)	\$995	\$796	20%	
Molar tooth (3 or 4 canal)	\$1242	\$994	20%	
PERIODONTAL TREATMENT				
Deep cleaning 4 or more teeth per quadrant	\$298	\$224	25%	
Deep cleaning 3 or less teeth per quadrant	\$219	\$164	25%	
Local anti-microbiotic agent per tooth	\$55	\$44	20%	
Periodontal maintenance	\$159	\$119	25%	
DENTURE				
Complete denture per arch	\$1,976	\$1,581	20%	
Partial denture with metal framework	\$2,073	\$1,658	20%	
Partial denture with resin base	\$1,473	\$1,178	20%	
Immediate Complete denture	\$2,076	\$1,661	20%	
OTHER GENERAL SERVICES				
In Office Bleaching (per arch)	\$320	\$256	20%	
Home Beaching (custom-made tray) per arch	\$230	\$173	25%	

GENERAL

MEMBERSHIP POLICY

- > The applicants must be at least 18 years old to submit the application for membership. Parents can submit an application on the behalf of a child up to the age of 18.
- > Only completed applications paid in full are granted membership.
- > All Membership fees are due and payable at the time of registration and are non-refundable.
- > Membership will expire one year from the date of purchase.
- > All dental services received are billed and payment is due at time of treatment. Credit cards are accepted.
- > All Smiles Dental reserves the right to terminate Membership in the case of patient non-compliance.
- > Memberships apply only to the individual name on the plan. Photo identification and verification may be required when visiting All Smiles Dental clinics.
- > All Smiles Dental has the right to cancel memberships before the duration stipulated if unauthorized user is utilizing membership. A refund will not be given.
- > All Smiles Dental reserves the right at any time after receipt of the application to accept or decline for any reason. All Smiles Dental may require additional verification or information before granting membership.
- > The member agrees and understands that they are entering into a binding contract by accepting the Term and Conditions.

- > Applicants are responsible for ensuring that application details provided to All Smiles Dental are correct
- > Members must ensure that they inform All Smiles Dental that they are a member when making an appointment and present photo ID to the reception desk upon arrival to the office.
- > Members must agree that they will not allow any use of Membership by third parties.
- > A missed appointment fee will be of \$50 will be charged for each failed appointment. A failed appointment is any appointment you do not cancel by contacting our office 24 hours in advance of the date and time the appointment was originally scheduled.

- All Smiles Dental will provide a fee schedule for the cost of services and membership savings.
- Each Member is entitled to receive discount savings on specified services when using All Smiles Membership plan. Members are entitled to receive certain dental services from All Smiles Dental providers at predetermined rates and for a percentage discount off the normal retail prices for such dental services. Members must pay at the time of service unless otherwise agreed upon between All Smiles Dental and the Member.

- ## PAYMENT TERMS

- ## MEMBERSHIP RENEWAL

- ## DISCLOSURES

- ## GOVERNING LAW

LIMITATIONS & EXCLUSIONS

- If you have Periodontal Disease, Root Scaling/Root Planning procedures or what is commonly called “deep cleaning” may be required to treat this disease. “Standard cleaning” is not an adequate treatment to treat this disease. After “deep cleaning” treatment is completed, Periodontal Maintenance Cleaning is necessary to monitor and maintain the progress of your gum health. The “standard cleaning” benefit, included in the All Smiles Membership, will be applied to the cost of your Periodontal

- Services for injuries or conditions which are covered under a Worker's Compensation Insurance or applicable Employer's Liability laws are excluded from Membership pricing/services.
- > Services which are provided without cost to the Member by any municipality, county or other political subdivision.
- > Services that cannot be performed or must be delayed because of the general health, physical or psychological limitations of the patient will not extend the length of Membership.
- > Periodontics, orthodontic, endodontic, oral surgery or pedodontics requiring referral to the service of a non-participating specialist dentist are subject to their regular fees charges and are not covered by Membership.
- > All Smiles Membership participants cannot use other dental or health insurance coverage in conjunction with membership fee rates or complimentary Membership services.
- > Annual Membership benefits are not carried over to the next year once the membership anniversary date is reached.
- > Non-compliance with recommended course of treatment.
- > Services, which in the opinion of the attending dentist, are not necessary for the patient's general dental health.
- > Oral surgery requiring the setting of fractures or dislocations.
- > Treatment of malignancies, cysts or neoplasms or congenital malformations.
- > Hospital benefits for any dental procedure.
- > Loss or theft of dentures or bridgework.
- > General anesthesia when not available by your treating office.

The term and conditions of this Membership Agreement as well as the All Smiles Dental Term of Use, govern the dental plan or dental program that you are purchasing through your submission of the enrollment form. A members subscribing to this plan should read this Agreement and the incorporated terms of use and communicated any questions they may arise to All Smiles Dental representatives.

Great savings,
quality services
and the care you need.

Sign up today!