

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.

INDIVIDUAL FEE : **\$395.00** per year

GROUP FEE: **5% off** - group of 3-5 participants
10% off - group of 6-10 participants

FEATURES

- > Special discounted rates available only to members.
- > Complimentary preventative care at NO-Cost
- > Substantially reduced fee on all major dental procedures such as fillings, crowns, bridges, deep cleaning, root canals, dentures, wisdom teeth removal, bone grafts, & implants.
- > Annual benefits begin on the day you register and pay your membership dues.

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.

ENROLLMENT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

MEMBERSHIP TYPE:

_____ INDIVIDUAL \$295.00

_____ GROUP: _____ 3-5 (5% off of \$295/participant)

_____ 6-10 (10% off of \$295/participant)

_____ 11 or more (15% off of \$295/participant)

(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: _____



Dental Savings MEMBERSHIP PLAN

Your Smile, Our Pride

ELIGIBILITY

Free preventative care
Up to 50% discount
No deductible
No yearly max
No waiting periods
No pre-existing condition
No pre-authorization
No 3rd party insurance
No hidden cost

FREE Standard cleanings (2/year)
FREE Initial comprehensive exam
FREE Periodic exam with cleaning
FREE X-rays as required
FREE Fluoride treatments (2/year)
FREE Oral hygiene instruction (2/year)

Mail or fax your enrollment form today!

ALL SMILES DENTAL

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Fax: 763-478-2931

office@allsmilesdentalmn.com

www.allsmilesdentalmn.com

AllSmiles
DENTAL

COMPARE ALL SMILES MEMERSHIP SAVINGS*

PROCEDURES	ALL SMILES REGULAR FEE	ALL SMILES MEMBERSHIP FEE	MEMBERSHIP SAVING
DIAGNOSTIC & PREVENTIVE			
Inital 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	
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	\$1,390	\$1,112	20%
Porcelain fuse to noble metal (PFM)	\$1,390	\$1,112	20%
Full high noble metal (gold)	\$1,517	\$1,289	15%
3 unit PFM bridge	\$3,625	\$2,900	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)	\$1392	\$1,114	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-microbial 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%
IMPLANTS			
Pending consultation			

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

TERM & CONDITIONS

GENERAL

All Smiles Membership is governed by the following terms and conditions. An individual purchasing membership should understand these term and conditions. Applicants are required to accept these terms and conditions before purchasing a membership and receiving its benefits. All Smiles Dental reserves the right to make changes to these terms and conditions at any time.

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.

MEMBER RESPONSIBILITY

- > 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.

FEE SCHEDULE

- > 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.
- > All Smiles Dental fee Schedule is subject to change without notice.

PAYMENT TERMS

- > Membership will expire after twelve months from the date of payment, or from a stated commencement date provided by All Smiles Dental. All Smiles Dental may offer memberships that last for longer or shorter periods for promotional reasons.
- > Membership will be based on individual coverage.
- > Credit cards may be used to pay for memberships: Visa, MasterCard, Discover, American Express. All Smiles Dental does not store or record credit card numbers.
- > All Smiles Dental may also accept other methods of payment at their discretion. These may include payment over the phone, direct deposits, checks, and money orders. All Smiles Dental is under no obligation to accept payment by these alternate methods. Please contact All Smiles Dental for payment alternatives.
- > All Smiles Dental will not issue membership until a successful payment has been confirmed.

MEMBERSHIP RENEWAL

- > All Smiles Dental may, but is not required to, give notice via mail, email, or telephone that your membership will be expiring, prior to the expiration date identified in your membership confirmation.
- > It is the responsibility of the members to supply All Smiles Dental with current payment information to process a membership renewal without a lapse in membership.
- > In any event, it is the responsibility of the member to ensure that All Smiles Dental has received payment for membership prior to the expiration date. All Smiles Dental is not responsible and assumes no liability to any member for failure to provide All Smiles Dental with current payment information for membership renewal.

DISCLOSURES

- > ALL SMILES MEMBERSHIP PLAN IS NOT INSURANCE.
- > You cannot utilize the All Smiles Membership if you have any dental insurance plan or any dental insurance coverage. It cannot be used as a secondary membership to any primary insurance plan.
- > All Smiles Membership cannot be used in addition or in conjunction to any discount dental plan.
- > If you have any questions regarding All Smiles Membership plan, please contact All Smiles Dental.

GOVERNING LAW

These terms and your dealings with All Smiles Dental are subject to the laws of Minnesota.

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 Maintenance cleanings.
- > 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.