Dear Valued Patient,

We are writing with very exciting news! You now have access to a full coverage dental plan through your dentist office! Our plan offers both individual and family dental care at a discounted rate for you and your family.

We believe in ensuring our patients have access to quality and affordable dental care. We also know that regular dental care is essential to your health and that typical dental coverage through an employer is not always affordable or easy to utilize. Therefore, we have established a discount plan to allow our patients ongoing, consistent and easy to access dental care at your current dentist office.

Our Plan provides discounts between 30-100% on preventative and specialty dental services. Enrollment in the plan occurs annually, is very simple, and only takes a one-time yearly payment. The one-time annual payment covers preventative care at 100% and gives you 30-35% discounts on treatment including, fillings, crowns, root canals, implants and night-guards.

Our Plan is available to all patients who do not currently have active dental insurance and has options for both individuals and families. Preventative treatment is covered at 100% with enrollment!

Annual Cost Paid With 12-month Agreement

SINGLE ENROLLEE	$320/YEAR
ENROLLEE + 1 FAMILY MEMBER	$450/YEAR
EACH ADDITIONAL FAMILY MEMBER	$120/YEAR

Please see attached application to apply or give us a call!

Examples of Savings Plans

Procedure Description	Regular Fee	Your Cost Our Plan	Savings % Our Plan
Routine Dental Cleaning (Limited to two cleaning per year)	$115	$0	**100%**
Annual Bitewing X-Rays	$70	$0	**100%**
Panoramic X-Rays (1x60mo)	$120	$0	**100%**
Comprehensive Exam by Dentist (Limited to two per year)	$80	$0	**100%**
Sealant Per Tooth	$60	$45	**30%**
Filling 2 Surfaces Front Tooth	$250	$180	**30%**
Filling 2 Surfaces Back Tooth	$260	$200	**30%**
Crown Porcelain	$1,395	$960	**30%**
Core Build-up	$290	$200	**30%**
Root Canal Front Tooth	$950	$670	**30%**
Root Canal Back Tooth	$1,300	$910	**30%**
Root Planing Per Quadrant (Deep Cleaning)	$340	$220	**35%**
Implant, Abutment and Crown	$4,686	$3,000	**35%**
Orthodontics, Adolescent**	$7,300	$3,500 - $5,500	
Invisalign, Adult**	$7,590	$3,000 - $5,600	

**Additional 5% discount is available when you pay in advance in cash for service rendered.*

Terms & Conditions

I am applying to enroll in the Our Plan dental plan program with Boulder Dental Services for a minimum of one year. I will remain on the plan and pay membership fees for a minimum of 12 months. There is not a cancellation or termination option for the annual period agreed upon. Fees for dental services provided at the discounted rate are due at the time of service. Fees for restoration and prosthodontic services are due at the preparation and impression visit. Failure to provide payment at time of service may result in being charged usual and customary fees. Renewal of plan will occur automatically at your annual renewal date unless otherwise notified by you.

By agreeing to these terms and conditions, I affirm that I understand the payment conditions and dental services provided under this plan. Pursuant to the Health Insurance Portability and Accountability Act of 1996, my acceptance authorizes the Boulder Dental Services organization to utilize my Protected Health Information (PHI) to carry out treatment, payment and healthcare operations. I understand that it is the policy for Boulder Dental Services to only utilize the minimum PHI to facilitate my treatment under this plan.

Dental Limitations and Exclusions

The plan only includes services as outlined in the complete fee schedule. Patient will only receive services when deemed clinically necessary by practicing dentist or dental hygienist. Plan does not include medications provided at the dental office, general anesthesia, any services requiring the involvement of a non-participating specialist, orthodontic services or any procedure not performed by participating dentist. Furthermore, this plan does not cover any dental procedures performed outside a Boulder Dental Services office locations.

ENROLLMENT APPLICATION

Name: _____

Date of Birth: _____ SSN: _____ Mobile Phone: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

PLAN OPTIONS: Please check the elected plan

Individual Plan	☐	$320
One additional family member	☐	$450
Each additional family member	☐	$120

ADDITIONAL FAMILY MEMBER

Name of relative: _____

Date of Birth: _____

Phone: _____

Email: _____

Relationship: _____

ADDITIONAL FAMILY MEMBER

Name of relative: _____

Date of Birth: _____

Phone: _____

Email: _____

Relationship: _____

SIGNATURES

I authorize the verification of the information provided on this form. I acknowledge that application into the dental office plan is an annual plan and is not refundable or available for services outside of Boulder Dental Services. No member can be removed from the plan at any time nor can any adjustments be made to your enrollment in the plan from the date signed for one calendar year. I understand that payment for treatment not covered at 100% per the plan are due at the time of service. I understand that I am subject to all office policies.

Signature of Applicant: _____ Date: _____

Date of Birth: _____ Date: _____

PAYMENT INFORMATION

I authorize you to charge my bank account or credit card listed below for the selected plan. I understand that I will be enrolled for one calendar year from my date of enrollment. I understand that the below account will be charged in one year's time and that any change or cancellation to my plan will occur 30 days prior to the end of the one year term.

Checking Account #: _____ Routing #: _____

Credit Card #: _____ Expiration Date: _____

Billing Address: ☐ Same as above OR _____

City: _____ State: _____ ZIP Code: _____