



## The Great Smile Dental Plan

### Description of Services and Disclosures

The following is a description of the discount dental plan available to you by The Art of Dentistry and DR LAURIE STEIN DDS.

This will describe your rights under the plan as well as the responsibilities expected by you as well as our office. Please read the following information before you sign up for the plan. If you have any questions regarding the information about this Description please contact Mike at (970) 245-9570.

- 1. Plan Information:** The name of this plan is The Great Smile Dental Plan. It is only eligible at the Art of Dentistry, located at, 790 Wellington Ave. Ste. 101, Grand Junction, CO 81501. Contact for the plan is MIKE, you can reach him at (970) 245 9570 or [Office@LaurieSteinDDS.com](mailto:Office@LaurieSteinDDS.com)
- 2. Type of Plan:** This is a discount fee plan. This is not insurance. By paying your annual enrollment fee you and eligible dependents will be entitled to receive exceptional dental services at a reduced fee. You will be given a copy of the reduced fee schedule at the time of sign up.
- 3. Eligibility:** You may select to be on the plan alone, for you and a spouse or for your whole family. Eligible dependents are up to age 18 or 25 if attending school full-time.
- 4. Commencement of Services:** After reading this form, you should complete the application. The completed application will be scanned into your digital file and your payment in full will be due upon signing. Payment will be accepted by cash, check or credit card. You are eligible to receive the discounted fees the same day, however, please allow us 10 business days to send you an identification card. You must present this card for future appointments.
- 5. Termination of policy:** You and your eligible dependents will receive discounted fees for 1 year from the date that you sign up. The termination date will be on your identification card. However, eligibility for your spouse will terminate upon your divorce, and eligible dependents will terminate once the child exceeds the age limitation described in Section 3. Your right to receive services at the discounted fees will end at the expiration of your 1 year term unless you re-enroll as described in Section 6. Upon termination any services that started prior to termination will be honored.
- 6. Renewal of Plan:** You may renew your plan for an additional year by paying the annual enrollment fee 30 day prior to the termination date listed on your card. The reenrollment fee may be different as determined by our office, however, you will be notified of any difference prior to reenrollment. You will then receive new identification cards in the mail showing your new termination date.

7. **Dental Services and Fees:** Following this description form is a complete list of the covered dental services and the fees you will be eligible for. Please note: 30day notice will be given in writing for any change of the fee schedule.

8. **Other charges:** There is no maximum or deductible per year. There is no limit for dental services you may receive. The only “co-payment” will be a \$15.00 fee for diagnostic and preventative visits.

9. **Limitations and Exclusions:**

- Discounts for prescription drugs and over the counter drugs are not provided
- Professional cleanings are limited to 2 in a calendar year.
- Periodontal cleanings are limited to 4 in a calendar year
- Bitewing x-rays are limited to 1 in a calendar year
- Panoramic Film/Full mouth x-rays are limited to 1 in 24months.
- Replacement of partial dentures, bridges, crowns or complete dentures is limited 1 in a 5 year period.

10. **Your Responsibility for Payment of Fees:** Once you and your eligible dependents sign up for this plan, you will be billed for services rendered and you are expected to pay in full at the time the service is rendered. If the fees are not paid in full or there is not a prior signed agreement with our office for treatment exceeding \$500.00, this will breach your contract and you will be expected to pay our Usual Fees for the services performed.

11. **If you have a Traditional Insurance Plan:** This is a discounted fee plan and cannot act as secondary coverage to any traditional insurance plan. We cannot bill these discounted fees to your dental insurance, as we have already signed contracts with your insurance to bill a negotiated fee with them. If you have questions regarding this section please contact Mike at (970) 245 9570.

**BY SIGNING BELOW YOU ARE STATING THAT YOU HAVE READ AND UNDERSTAND ALL OF THE TERMS SET FORTH BY THE GREAT SMILE DENTAL PLAN.**

---

Signature of Patient or Responsible Party

Date

**Dental health for the BEST  
of your life**