



Stoneridge Dental In House Discount Plan

WHAT: Stoneridge Dental In House Discount Plan is an annual reduced fee dental plan that allows individuals and families – just like yours – to receive quality dental services from Stoneridge Dental at prices that make sense for today’s economy. Stoneridge Dental In House Discount Plan offers the economies of group dental care, plus the individualized attention of private care.

NO DEDUCTIBLES, NO MAXIMUMS, NO CLAIM FORMS

NO PRE-EXISTING CONDITIONS, NO WAITING PERIODS

HOW: After your membership is effective, to receive care simply call our office and schedule an appointment.

WHO: You and your family are all eligible. Adults are 18 years of age or over. Dependents are under 25 years of age.

WHEN: The plan is effective the day you sign up. For renewal, those enrolled prior to the 15th of the month will renew the first day of the month you enrolled. Those enrolling after the 15th will have their renewal on the first day of the next month. The plan is an annual plan and lasts 12 months.

PAYMENTS: All payments are made directly to the dental office prior to treatment being performed. You should discuss all future payment and costs with our office.

Paid with cash or with debit card

DEPENDENT MEMBERSHIP: \$299 PER YEAR

ADULT MEMBERSHIP: \$399 PER YEAR

ADULT PERIODONTAL MEMBERSHIP: \$499 PER YEAR

Paid over 6 months with Care Credit – *Separate application required*

DEPENDENT MEMBERSHIP: \$316.64 Paid over 6 months – Monthly Payment at \$52.77

ADULT MEMBERSHIP: \$422.54 Paid over 6 months – Monthly Payment at \$70.42

ADULT PERIODONTAL MEMBERSHIP: \$528.44 Paid over 6 months – Monthly Payment at \$88.07

Paid over 6 months with Compassionate Finance – *Separate application required*

DEPENDENT MEMBERSHIP: 20% Down Payment of \$59.80 – Monthly Payment at \$41.99

ADULT MEMBERSHIP: 20% Down Payment of \$79.80 – Monthly Payment at \$56.03

ADULT PERIODONTAL MEMBERSHIP: 20% Down Payment of \$99.80 – Monthly Payment at \$77.07

Adult and Dependent Stoneridge Dental In House Discount Plan provides:

- Two basic adult or child cleanings per year six months apart.
- Two periodic examinations.
- Two Adult or Child fluoride treatments per year six months apart.
- All necessary x-rays.
- 1 Panoramic or CBCT Scan.
- 1 Emergency exam during normal business hours.
- ALL services reduced 15% from UCR.

The Single Adult PERIODONTAL Stoneridge Dental In House Discount Plan provides:

- Four professional periodontal maintenance hygiene visits.
- Two periodic examinations.
- Two Adult fluoride treatments per year six months apart.
- All necessary x-rays.
- 1 Panoramic or CBCT Scan.
- 1 Emergency exam during normal business hours.
- ALL services reduced 15% from UCR.

LIMITATIONS AND EXCLUSIONS

- Demonstrated non-compliance with recommended course of treatment will void the plan.
- Benefits are limited to one year from sign up and payment as listed in agreement.
- Services for injuries or conditions which are covered under Workers Compensation or Employer's Liability Laws which are provided without cost to the member.
- Patient referrals and all specialist out of office will not be covered under the plan discount.
- Patient referrals to specialists that are contracted in our office to performed services are not covered.
- Services that cannot be performed because of general health, physical or psychological limitations of the patient.
- Gold Plan Participants cannot have other dental coverage.
- Non-Reimbursement if you quit the plan for any reason within the time frame.
- A missed appointment fee of \$25 per 30-minute (or 25% of treatment total for treatment over \$1000) will be charged for all missed dental appointments. Please notify our dental office at least 48 hours in advance if you must change your reserved appointment. Terms subject to change.

ALL MEMBERS FILL OUT THIS PORTION COMPLETELY

PLAN GUARANTOR: _____
COVERED INDIVIDUAL: _____

- I understand the benefits, limitations, exclusions, and requirements for the Stoneridge Dental In House Discount Plan, and I agree to the following: I will remain in the plan and pay any membership fees for a minimum of 12 months. Payment of less than 12 months membership fees may result in my being charged usual and customary rate (UCR) fees for all services (including those already provided). Fees for all dental services are due prior to services being scheduled. I agree to pay any and all costs in collecting all charges, including but not limited to attorney fees and court costs.

SIGNATURE AND DATE: _____