



DENTAL SAVINGS PLAN

Sonrisa Dental *In-House Dental Savings Plan for Our Patients without Insurance Benefits*



ADVANTAGES:

- Low Cost*
- No Deductible*
- No Claim Forms*
- No Waiting Periods*
- No Annual Maximum*
- No Treatment Limitations*
- No Pre-Authorizations*

Affordable Dental Care for you and your entire family!

Our goal is to help make your dental visits more affordable so that you have the opportunity to receive the quality dental care that you and your family deserve. Anyone living in your household is eligible for this annual membership plan.

**THIS IS A DENTAL SAVINGS PLAN.
THIS IS NOT DENTAL INSURANCE.**

PLAN SAVINGS INCLUDE

Save 100%

- Professional Teeth Cleanings (two per year)
- Re-care Examinations (two per year)
- TMJ /Oral cancer screening
- Emergency Exams (as needed)
- Varnish Treatment
- Necessary Dental X-rays
- Fluoride

Save 10%

- Sealants
- White Fillings
- Root canal therapy
- Crowns, Bridges
- Mouth guards
- Periodontal Therapy (Gum Care)
- Dentures & Partials
- Professional Teeth Whitening

Annual plan is effective the day you register and your renewal date is the same date every year.

Annual Membership Premiums

Single (ages 16 yrs. and older):	\$ 170
Dual (parent/child or spouse):	\$ 300
Family of 3	\$500
Family of 4	\$ 600
Family of 5	\$ 700
Each additional member	\$ 100



PAYMENT IN FULL IS DUE AT TIME OF
REGISTRATION.
COPAYS DUE AT TIME OF SERVICE
RESTRICTIONS AND LIMITATIONS MAY
APPLY

Sonrisa Dental
6600 Bergenline Avenue,
West New York
New Jersey ,07093
(201)430-8530

Please Print	First Name:	Last Name:
Address:		
Phone:		Date of Birth:
Enrollment period	Start Date:	End Date:

(Sonrisa Dental) Dental Savings Plan Agreement

Our goal is to offer you quality dental care with affordable fees. This in-house plan allows individuals and families to receive the following dental care at a savings of **10 to 100%** (*terms and limitations that are listed in this agreement apply*). Once the annual fee is paid and membership agreement is signed, you will be entitled to the savings listed in this plan for 12 months from the date on this registration (*or renewal*). Persons living in the same household are eligible for services with paid membership and signed plan agreement. Persons with dental insurance benefits are not eligible for this plan.

We agree that each member is eligible for the following savings for only the services listed; any services not listed will be charged our standard fee. *Orthodontic services are NOT included in this plan.*

Save 100% on these services:

- Professional Teeth Cleanings (two per year)
- Re-care Examinations (two per year)
- Emergency Exams (as needed)
- TMJ/Oral cancer screening
- Necessary Dental X-rays
- Fluoride
- Varnish Treatment

Save 10% on these services:

- Sealants
- White Fillings
- Crowns, Bridges
- Mouth guards
- Periodontal Therapy (Gum Care)
- Root Canal Therapy
- Dentures & Partials

TERMS AND LIMITATIONS

- ✓ This plan is NOT dental insurance and **(Sonrisa Dental)** is not a licensed insurer, health maintenance organization or other underwriter of health services. This plan cannot be combined with any dental insurance, discount plan or any other offers.
- ✓ Payments for services not fully covered are due at the time of service, if not paid at the time of service they will be billed at our standard fee.
- ✓ Savings listed in this plan are for services provided by **(Sonrisa Dental)** Team members, products are not included.
- ✓ If paying for your services with a third party financial plan such as Care Credit, the savings for services (*such as fillings and crowns*) will be reduced from 10 to 5% due to merchant charges from third party financial companies.
- ✓ This plan is only good at **(Sonrisa Dental)**; therefore if you are referred to a specialist they will not extend these savings.
- ✓ Should you need any dental treatment following any type of injury that involves a lawsuit, medical care from a physician, disability or workman's comp insurance, this savings plan cannot be used for services provided for that injury.
- ✓ This plan is non-transferrable. Family members cannot be substituted for another family member. Each member must have a separate paid membership and signed agreement to receive the care listed in this plan.

✓ Member must remain a participant in this plan for the entire length of any extended treatment.

I, _____ agree to the terms, conditions and limitations of this **(Sonrisa Dental)** Dental Savings Plan.

Signature

Date

Sonrisa Dental - 6600 Bergenline Ave. West New York, NJ 07093 - (201) 430 - 8530 - www.sonrisawny.net