

Quality Care Plan



Delicate Smiles Dental Quality Care Plan

At Delicate Smiles Dental, we recognize that quality care is presently beyond the reach of millions of people and families each year. To offset the costs of care, we have developed an Quality Care Plan, so everyone can have state of the art dental care, at an affordable cost. Plan is designed for patients without insurance.

The Plan at a Glance:

Individual One-Year Membership:	\$79.00
Each Additional Family Member:	\$20.00

One-year membership is one year from enrollment date.

Annual Membership Plan includes:

Two regular exams per year	Value of \$200.00
Two regular Cleanings per year	Value of \$200.00

All necessary X-rays, including:

Full Mouth Series (once per 3 years)	Value of \$140.00
Bite Wings (once per year)	Value of \$65.00

Terms of the Plan:

- If periodontal disease is present - patient will be charged extra fee for scaling and root planning, but fees will be discounted by 20%
- The one year membership must be paid in full at the time of enrollment.
- The membership will be valid for one year from the date the annual renewal is remitted.
- All treatment fees are due and payable at the time service is rendered.

- All fees for treatment, requiring multiple visits or lab fees are due upon the first visit.
- Delicate Smiles Dental reserves the right to refuse treatment and/or terminate this membership without notice if the member's account becomes delinquent at any time. All other Delicate Smiles Dental terms and conditions of service apply.



Value Comparison Applicable Services

	Our Plan	Traditional Insurance*
Maximum Benefit	none	\$1000-2000
No-Charge Preventive Care	✓	✓
Regular Cleanings (for healthy teeth and gums)	✓	✓
Necessary X-Rays	✓	✓
Cosmetic Services	✓	∅
No Pre-Approval	✓	∅
No Deductibles	✓	∅
No Waiting Period	✓	∅
No Claim Forms	✓	∅
Continuous Open Enrollment	✓	∅

*Comparisons to other dental membership plans and traditional insurance plans are hypothetical and are based on typical coverage. They are not intended to be construed as comprehensively representative of all plans or dental policies.

**We also accept dental insurance. Please call our office for more details.

Membership Fee Schedule

General Dentistry

Diagnostic	
Two cleanings (healthy gums), oral exam, periodontal evaluation, oral cancer screening, unlimited digital x-rays	No Charge
Preventative	
Routine Adult / Child Cleanings (twice per year) and all other preventative services	No Charge
Emergency	
Exam and X-Ray	20% discount
Periodontics	
Periodontal Deep Cleanings, Dental Implants, Sinus Lifts, Bone and Tissue Grafts, Cosmetic Gingival Recontouring and Gummy Smile Improvements, Periodontal Surgical Services	20% discount
Routine Restorative	
White Fillings, Inlays, Onlays, Single Crowns, Crown Build-ups	20% discount
Cosmetic Restorative	
Porcelain Veneers and Crowns for elective cosmetic improvement	20% discount
Endodontics	
Root Canal Therapy	20% discount
Prosthodontics (Removable)	
Partials, Complete Dentures, Denture Repairs and Adjustments	20% discount
Prosthodontics (Fixed/Non-Removable)	
Permanent Bridges, Crowns (retained by crowns or inlays/onlays)	20% discount
Adjunctive Services/Misc.	
Custom Trays, Zoom Whitening, Occlusal Guards, etc	20% discount



Mail or Bring Completed Form to
Delicate Smiles Dental
 601 Salida Way Suite B11
 Aurora, CO 80011
 (303) 340-3330

Exclusions:

Procedure fee courtesies offered under this plan shall not apply to any treatment already in progress prior to enrollment in the plan and may not be combined with dental insurance benefits, any other discounts, promotions or 3rd party financing plans (Care Credit). This is not a dental insurance plan. Benefits of this plan are limited to treatment provided only by Delicate Smiles Dental.



Delicate Smiles Dental
www.delicatesmiles.com

Name			Name 3			DOB			SS#		
Address			Name 4			DOB			SS#		
City			Amount of payment								
Date of birth			Payment Option								
Phone			Check <input type="checkbox"/>								
SS#			Credit Card <input type="checkbox"/>								
Email			Credit Card #								
Name 2			Exp. Date								
			Make payable to: Delicate Smiles Dental								
			Member signature								
			Date								

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Mail or Bring Completed Form to
Delicate Smiles Dental
 1790 East Bridge Street
 Brighton, CO 80601
 (303) 659-1064

Exclusions:

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Name			Name 3			DOB			SS#		
Address			Name 4			DOB			SS#		
City			Amount of payment								
Date of birth			Payment Option								
Phone			Check <input type="checkbox"/>								
SS#			Credit Card <input type="checkbox"/>								
Email			Credit Card #								
Name 2			Exp. Date								
			DOB								
			SS#								
			Member signature								
			Date								

Make payable to: Delicate Smiles Dental

I understand and accept all terms and conditions of the Delicate Smiles Dental Quality Care Plan as summarized in this brochure and hereby authorize the Delicate Smiles Dental to charge my credit card (if applicable) as indicated above, for the payment of my membership: