

**Dental Savings Plan  
Green Dental Care  
19551 Hess Rd. Suite 100 Parker, CO 80121  
(720)845-5252**

Registration Form (To be Completed By Primary Plan Holder)		
First Name:	Last Name:	
Address:		
City, State , Zip	DOB	
email	Phone#	
LIST OF DEPENDENTS TO COVER IN THE PLAN (CHILDREN MUST BE UNDER THE AGE OF 18) LIVING AT SAME ADDRESS		
NAME	BIRTHDATE	RELATIONSHIP
		(add \$349)
		(add \$324)
		(add \$299)
		(add \$199)
PAYMENT METHOD		
Annual membership is only \$365 for individuals, \$714 for couples, \$1,038 for a family of 3, \$1,338 for family of 4 and \$199 for each additional family member beyond 4. Or \$33/month/person with 12 month agreement & \$99 plan activation fee <i>*Legal dependent(s) 18 or younger living in the same household as the primary member regardless of student status</i>		
Credit card #	EXP DATE:	
BILLING ZIP CODE:	CVC:	
TOTAL PER YEAR \$		Circle: YEARLY or Monthly
SIGNATURE:	DATE:	

**Monthly Payment Option** Available upon request for \$33/month per Member. A 12 month commitment & \$99 activation fee apply to monthly memberships.

**I have chosen the monthly payment option and I understand the payment terms**

**Sign Here:** \_\_\_\_\_

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**Auto-Renewal Program: sign up now and SAVE 5% off next year's premium**

\*\*| \_\_\_\_\_, authorize Green Dental Care to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the Dental Savings Plan. Green Dental Care will notify me when the plan is renewed for my records. If I choose to discontinue participating in the dental savings plan, I will notify Green Dental Care one month prior to my anniversary renewal date

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By Signing below, I acknowledge that I have read the Dental Savings Plan brochure & understand the plan details, benefits & limitations

**Member Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**TERMS & CONDITIONS**

**(This is a summary of terms & conditions of the Dental Savings Plan, you must also read Dental Savings Plan brochure for complete terms & conditions)**

**Benefits**

- I receive 2 "Check up exams" (D0150 or D0120) & 1 emergency exam (D0140) each year from the date of the signed paid contract
- I receive 2 cleanings (D1110 or D4910)(non-periodontal based) each year from the date of the signed and paid contract
- I receive X-rays for my cleaning visits (D0274), individual Xrays (D0220 as needed & 1 FMX or panorex every 5 years (D0330, D0210)
- I receive 2 fluoride treatments (D1208) per year
- I receive a 15% Dental Savings Plan Discount on almost all other treatments

**Limitations**

- Benefits of plan are only available in our office (Green Dental Care: Parker, CO) this plan is not part of any other insurance or discount plan
- Services cannot be filed to dental insurance
- Plan benefits are no available with any other discount offer
- In conjunction with another dental plan, dental insurance or financing program such as CareCredit
- For Treatment which, in the sole opinion of our doctors, lies outside the realm of their capability
- For referrals to specialists
- For hospitalizations or hospital charges of any kind
- For costs of dental care which are covered under automobile medical
- For services of injuries covered under workers' compensation

**Program Guidelines**

- **The Dental Savings Plan is NOT dental insurance**
- Patient's portion of bill is due the day of service
- There will be a \$50 reinstatement fee if your plan lapses
- Cannot be used in conjunction with another dental plan
- CareCredit may not be used to pay a Dental Savings Plan Premium
- No refunds of premiums will be issued at any time if participant decides to not utilize dental plan
- NON-REFUNDABLE
- **If Monthly payment plan is chosen the fees are \$33 per month per member plus a 12 month commitment is required and \$99 activation fee**

By Signing below, I acknowledge that I have read the Dental Savings Plan brochure & understand the plan details, benefits, limitations & program guidelines

**Member Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_