



Calcaterra Family Dentistry
291 South Lambert Rd Suite 1
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Calcaterra Family Dentistry Gold Plan

Our goal is to give you the healthy, beautiful smile that you deserve. A lack of dental insurance should not prevent you from receiving the dental care necessary to preserve your oral health. We are pleased to offer the Calcaterra Family Dentistry Gold Plan for patients without dental insurance.

The Gold Plan is not dental insurance. It is not a discount plan. It is a membership plan allowing you to receive significant benefits and savings in our office.

What is included in the Plan

For each person paying the annual Enrollment Fee, that individual is entitled to receive:

- Two healthy cleanings per 12 month time period.
- Two checkup exams at your cleaning per 12 month time period.
- Any/all necessary x-rays deemed necessary by us and available to take in our office in the 12 month time period.
- Administration of topical fluoride twice in the 12 month time period for kids 16 and younger.
- A 15% reduction off our fees on fillings, crowns, extractions, root canals, dentures, and periodontal treatment during the 12 month time period.
- A 10% reduction off our fees on veneers, teeth whitening, and dental implants during the 12 month time period.

Limitations inherent in most dental insurance plans such as deductibles, waiting periods, and annual maximums are not present with this plan.

Enrollment Fee Pricing and Payment

- \$299 for first member of a family (regardless of age).
- \$249 for each additional adult family member (family member must enroll at same time as first member).
- \$199 for each child under the age of 19 (child must enroll at same time as first member).

The fee is paid in full at the start of the 12 month time period. Payment plans are available through a third party (credit card company, CareCredit, or Citi Health).

Where to Receive Dental Care

Treatment is rendered in our office on 291 South Lambert Rd, Suite 1, Orange, CT 06477. Treatment performed by specialists at other locations is not subject to this plan. The providers include Drs. Calcaterra and our Hygiene team.

Plan Duration

The plan lasts 12 months. All eligible treatment must be completed in that 12 month time period. The Plan begins with the completion of the forms and full payment. Expiration is 365 days after.

Plan Renewal

Nearly all patients who sign up for the Plan choose to renew it. If you choose to renew it, the effective date for the new plan will be exactly one year later than the effective date on the preceding year Plan.

Limitations, Exclusions, and other Details

- The Gold Plan is for patients who do not have dental insurance. If you are currently covered under a dental insurance plan, you are not eligible.
- Joining of the Plan cannot be done retroactively.
- If a family member wishes to join after another family member has already joined, that new member's enrollment date reverts to the join date of the first family member.
- Enrollment fees are non-refundable.
- Payments for the enrollment fee and/or any treatment are due at the time of service.
- For patients who have a history of periodontal disease and require maintenance 3 to 4 times per year, the Plan covers 2 of those visits. The fees for the third or fourth visit will be discounted by the customary 15%.
- If we determine we need to refer you to a specialist, the Plan does not apply to the treatment received from the specialist.
- This Plan does not apply for treatment needs originating from a Workers Compensation or Employer Liability Claim.
- If you become eligible and begin participation with a traditional dental insurance plan during the time period, this Plan becomes null and void with no refund of fees.
- "Family members" as defined previously apply to individuals living in the same residence or children under the age of 19.
- We reserve the right to charge a \$50 fee for any problem oriented visit. For example, if you make an appointment outside of your two normal cleanings specifically for us to evaluate a problem, a charge of up to \$50 for that visit may apply.
- We reserve the right to withhold treatment - including cleanings and x-rays - if there is a balance on your account. Payment is due at time of service.
- Missed appointments or appointments cancelled with less than 24 hours notice are subject to cancellation fees and/or may count as one of the cleanings and exams included in the plan.

Enrollment Form

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other Phone: _____

Birthdate: _____

Covered Dependents

<u>Name</u>	<u>Age or Date of Birth</u>	<u>Relationship</u>

Please read and sign below:

1. I understand the benefits, limitations, exclusions and requirements of the Calcaterra Family Dentistry Gold Plan as outlined on pages 1 and 2.
2. I agree to inform the office immediately if any aspect of my dental care is expected to be covered under a Workers Compensation or Employer Liability Claim.
3. I agree to inform the office immediately if I become eligible and begin to participate in a traditional dental insurance plan.

Signature

Effective Date

Expires On

Payment

Amount Authorized: _____

Check Number: _____

CC Number: _____ expire: ____/____

Circle Type: Visa Master Card American Express Discover

Signature: _____