



A Reason to Smile!

We at Sunflower Dental have been hearing that there are many who are wanting access to dental treatment but do not have dental insurance. We are pleased to offer an alternative to this concern. We are now offering an in-office dental plan. We very much hope that this will be beneficial to you, your family and friends.

This is an annual reduced fee plan that allows individuals and their families to receive quality dental care from Sunflower Dental at 30% off our normal fees as well as free cleanings, exams and x-rays. This plan cannot be combined with any other discounts, discount plans or insurance.

- NO ANNUAL MAXIMUM
- NO WAITING PERIODS
- NO DEDUCTIBLES
- NO CLAIM FORMS
- NO CONTRACTS

Benefits Included:

- TWO ROUTINE EXAMS PER YEAR
- TWO CLEANINGS PER YEAR /FOUR CLEANINGS PER YEAR FOR PERIODONTAL MAINTENANCE PATIENTS
- UNLIMITED X-RAYS AS NECESSARY
- TWO FLUORIDE TREATMENTS
- 30% DISCOUNT ON RESTORATIVE PROCEDURES, INCLUDING COSMETIC DENTISTRY, DENTAL IMPLANTS, FILLINGS, CROWNS AND BRIDGES

Low Annual Fee

- MEMBER - \$299.00 ANNUAL MEMBERSHIP FEE
- DOMESTIC PARTNER/SPOUSE - \$249.00 ADDITIONAL
- DEPENDENTS UP TO 26 YEARS OLD-\$199.00 ADDITIONAL PER DEPENDENT

Once the annual fee is paid for each member, you will be entitled to the benefits mentioned above for 12 consecutive months. Domestic partners/spouses and children have to be signed up under an eligible adult member. You have the right to cancel your membership at any time by submitting a written request, however the plan is non-refundable for the benefit year that has been paid.

Policies and Exclusions

Eligibility

- This plan is only good for dental services provided at Sunflower Dental.
- This is **not** dental insurance.
- The primary member must be at least 18 years of age. Eligible dependents of the member can include a domestic partner/spouse and their children/step-children up to 26 years of age that reside at the same residence.
- This plan cannot be combined with other offers, discounts, discount plans or dental insurance.
- Members can choose to have more than the allotted cleanings when paid at the 30% discounted rate with no limit on the amount or frequency in the benefit year.

Payments

- All payments are due at the time of service in order to receive the 30% discounted rate. Any services not paid for at the time of service will be billed at our normal fee.
- Membership fees must be paid in full for the year in order to receive the membership benefits.
- All payments are non-refundable. No refunds will be given in the event a member, their domestic partner/spouse or dependent child relocates, does not utilize the membership benefits or obtains dental insurance
- Membership starts upon full payment and is in effect for 12 consecutive months thereafter.
- If you choose to pay for your dental treatment using Care Credit or The Lending Club then the discount will be 20% instead of 30% due to the increased merchant fees that we are charged for these payment options.

Enrollment Application for the in- office Sunflower Dental Plan

Member's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Work Phone: _____

DOB: _____ Email: _____

Dependents:

Name	DOB	Relation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Enrollment Fee:

Effective Date _____ Expiration Date _____

Patient	Fee	Number	Total
Member	\$299	x _____	\$ _____
Domestic Partner/Spouse	\$249	x _____	\$ _____
Dependents	\$199	x _____	\$ _____
		Total	\$ _____

I, _____, do hereby understand the policies and limitations of the Sunflower Dental in-office dental plan and am aware that this is not dental insurance and the benefits are only valid for services provided at Sunflower Dental located at 833 SW 11th Ave., Suite 1015 Portland, Oregon 97205.

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