



# GOLD PLAN ENROLLMENT FORM

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www.AceFamilyDental.com • Tel 678-562-1555 • Fax 678-562-1556  
email: frontdesk@acefamilydental.com

Number of Plan Members	Annual Cost
1	\$225.00
2	\$375.00
3-4	\$450.00
5-6	\$525.00
each additional member	\$50.00

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Birthdate (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Automatic Annual Renewal?  yes  no

Employer \_\_\_\_\_

Please List Covered Dependents (First & Last Name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

When complete, email, fax or mail this form to Ace Family Dental. Please call the office to arrange for payment.

## GOLD PLAN BENEFITS INCLUDE:

The plan provides simple teeth cleaning, examination & x-rays at no additional charge. Your membership in this plan also affords you a reduced fee schedule. However, unlike a conventional insurance plan there are no deductibles and no yearly maximums. Additional comprehensive treatment or procedures are provided at reduced rates of 30% OFF of standard fees.

- Free simple teeth cleanings, up to two per year\*
- Free dental exams - up to two per year
- Free x-rays during recall visits
- Free take home teeth whitening gels for healthy adult mouths (For children under 18, one free fluoride will be substituted. Adults may substitute one free fluoride in place of the free whitening if desired.\*\*)
- Reduced fee schedule (30% discount)
- \$20 fee for all emergency exams (including any necessary x-rays)
- A 10% discount on Invisalign Smiles

\* If you have periodontal (gum) disease, a periodontal maintenance cleaning will be performed, as simple cleaning will not be sufficient for your oral health care needs. The simple cleaning benefits included in the Plan membership will be applied to the costs of periodontal cleanings. The difference in cleaning fees will be your responsibility at the time of service.

\*\* Take Home Teeth Whitening Kit.

## GOLD PLAN LIMITATIONS & EXCLUSIONS

1. Demonstrated non-compliance with the recommended course of treatment.
2. Services, which in the opinion of the attending dentist are neither necessary nor recommended for the patient's health.
3. Restorations, splints or other appliances used to increase vertical dimension or to restore occlusion.
4. Any service you are referred out of the office for: periodontics, endodontics, and oral surgery.
5. Congenital malformations, except congenital anomaly of a tooth or teeth covered from birth.
6. Dispensing of drugs not normally supplied in the dental office.
7. Hospital benefits for any other dental procedure.
8. Loss or theft of dentures, bridges or crowns.
9. Services for injuries or conditions, which are covered under Workers' Compensation or Employer's Liability Laws.
10. Services that cannot be performed because of general health, physical or psychological limitations of the patient.
11. If patient should become covered by a traditional dental plan this plan becomes null & void with no refund of the fees.
12. Full Mouth or panoramic x-rays once every 3 years.