



Kids First Plan Application

Parent or Guardian Last Name/First Name	
Street Address/City/State/Zip	
Phone Number	Email

Child/Dependent Last Name/First Name	Date of Birth	Coverage Level: (Age 3 or under) \$150.00 (Age 4 or older) \$350.00
1.		
2.		
3.		
4.		
5.		
TOTAL MEMBERSHIP COST		\$ _____

I have read and understand the terms and conditions of the Kids First Plan as outlined on this form and hereby request membership. I also understand that the membership fees indicated above constitute acceptance for membership in the Kids First Plan for the continuous twelve (12) months following the date that the application is approved and paid in full. I agree that Castle Rock Kids' Dentistry, PLLC shall not be held liable upon processing these payments in accordance with the terms and conditions of this agreement.

X _____

Parent/Guardian Signature

Date

Paid in full Y/N	Method of payment	Date of payment
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Kids First Plan

Terms and Conditions:

- The Kids First Plan includes per patient per enrollment year: 2 exams, 2 cleanings, 2 sets of radiographs, 2 fluoride treatments, a limited treatment exam, and a 20% discount off usual and customary rates for treatment (i.e. fillings, crowns, etc.) other than those expressly excluded from the plan.
- The discounted fees associated with the Kids First Plan are reduced fees for services performed by Castle Rock Kids' Dentistry, PLLC and in no way qualifies as dental insurance.
- The discounts associated with the Kids First Plan are only available through Castle Rock Kids' Dentistry, PLLC and are not available at other dental facilities.
- The initial term of this agreement is twelve (12) months beginning at the date the application is approved and paid for in full.
- Membership eligibility is defined as a child under age eighteen (18), a dependent living with the parent/guardian, or a full-time student living with the parent/guardian.
- The annual membership fee for a child age three (3) or under is \$150. The annual membership fee for a child/adult, age four (4) and older is \$350. Fees and plan discounts are subject to change without notice.
- Appointments that are not confirmed with the office at least 48-hours before the scheduled appointment shall be canceled and the patient will forfeit their appointment time and will be required to reschedule.
- All member payments shall be due at the time of service.
- Castle Rock Kids' Dentistry PLLC reserves the right to terminate membership in the Kids First Plan for any reason without notice including for abuse, fraud and/or failure to pay membership fees and payments for treatment/service.
- The Kids First Plan is administered solely by Castle Rock Kids' Dentistry PLLC and may be discontinued at the end of any month with or without notice.
- All fees are due in full the day treatment is provided. Parent/Guardian is responsible for the financial payment of membership and payments for treatment. Parent/Guardian is responsible for any and all collection fees, attorney fees, and accruing interest in addition to any unpaid balance associated with collecting membership fees and all payment.

Plan Limitations:

- Prophylaxis is limited to twice (2) every plan year, per member. Additional prophylaxis is available for \$45 per treatment.
- Fluoride treatments are limited to twice (2) every plan year, per member. Additional fluoride treatments are available for \$45 per treatment.
- All covered replacements and services are subject to the cash pay fees as listed in the private fee schedule of the office of Castle Rock Kids' Dentistry PLLC.



- Recementing space maintainers are limited to once (1) per anniversary year.

Plan Exclusions:

- Any dental procedure performed either before or after a member's eligibility is excluded.
- Replacement of a satisfactory filling or crown is excluded.
- Bleaching of teeth for cosmetic or restorative purposes is excluded.
- Orthodontics or the services of an orthodontist are excluded.
- Periodontics or the services of a periodontist are excluded.
- Any dental procedure, appliance, or restoration to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ) is excluded.
- Any dental procedure not listed as a covered service is expressly not included, including but not limited to, general anesthesia, the services of an anesthesiologist or dental anesthetist, prescription medication, hospital and/or medical charges of any kind, surgery of fractures and/or dislocations, trauma to the mouth, and the treatment of malignancies.
- Dental procedure costs incurred for sedation dentistry, including but not limited to oral, IV or inhalation, etc., are excluded.
- Dental Plan discounts for dental services provided in association with benefits received from an alternate source, including but not limited to worker's compensation, medical/health insurance, general liability, auto insurance, business liability, etc. are excluded.
- Coordination of the Kids First Plan benefits with any other dental plans or insurance plans is excluded.