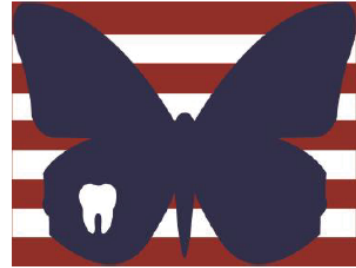


Mariposa Dental Plans USA

(480) 994-5225

info@smilearizonadentistry.com



GROUP PLAN A: Preventive

- **\$42.00/mo**- Adults, **\$31.00/mo**- Children
- Includes **3** preventive cleanings/benefit year
- All exams
- All X-Rays
- Bacteria reducing laser/irrigation
- Fluoride
- Oral Cancer Screening yearly
- **30%** OFF All Dental Treatment

GROUP PLAN B: Periodontal

- **\$52.00/mo**- Adults, **\$31.00/mo**- Children
- Includes **4** periodontal cleanings/benefit year for adult perio patients & **3** preventive cleanings for children
- All exams
- All X-Rays
- Bacteria reducing laser/irrigation
- Fluoride
- Oral Cancer Screening yearly
- **30%** OFF All Dental Treatment

INDIVIDUAL PLAN

- All Inclusive Appt Including Prophy or "Singivitis cleaning" **\$299.00**

INDIVIDUAL PLAN A: Preventive

- **\$42.00/mo**- Adults, **\$31.00/mo**- Children
- Includes **3** preventive cleanings/benefit year
- All exams
- All X-Rays
- Bacteria reducing laser/irrigation
- Fluoride
- Oral Cancer Screening yearly
- **30%** OFF All Dental Treatment

INDIVIDUAL PLAN B: Periodontal

- **\$52.00/mo**- Adults, **\$31.00/mo**- Children
- Includes **4** periodontal cleanings/benefit year for adult perio patients & **3** preventive cleanings for children
- All exams
- All X-Rays
- Bacteria reducing laser/irrigation
- Fluoride
- Oral Cancer Screening yearly
- **30%** OFF All Dental Treatment

The Fine Print...

-All Family members are welcome: spouses, domestic partners, children, stepchildren, domestic stepchildren, and others. All Inclusive, no screenings or proof of relationship status are required including no permanent address proof requirement. (Two adults and unlimited number of children can be on this plan under one contract. A child is up to the day before their 26th birthday.)

-Plan enrollment is annual: \$229.00 individual start fee is charged to the patient and paid directly by the patient at the first appointment. Cancel anytime in writing after a minimum 2.99 months from last Periodontal Plan appointment or 3.99 months from last Preventive Plan appointment. The hygiene appointments are under true cost, and to be most fair to all, we can't absorb additional hygiene care appointments. One can cancel immediately by paying the true cost of last hygiene visit rendered.

-Enrollment: Mariposa Dental Plans USA has a true open enrollment meaning it is not limited to one month of the year! Many corporate plans list open enrollment as October (or one designated month of the year.) Mariposa Dental Plans USA enrollment is available every month of the year, with the start date set for either the 1st or the 15th of each month depending on your choice.

-Payments: The first payment per enrollee indicates the start date of the enrollee's annual contract and all other monthly payments must be received by autopay the 1st or the 15th of each month. There is a firm 25% penalty for late payments but after a 7-day grace period. All payments need to be made to Mariposa Dental Plans USA from a business entity. (No personal payments accepted from your employees.) Individual plans are paid directly by credit card if on file.

30% discount applies to all services; it does not apply to any products or prescriptions. Additional discounts are available for promotional cosmetic services including Botox, Dermal fillers and threading and does include as an additional bonus the progressive new skin resurfacing and wrinkle smoothing procedure of the Opus Plasma Device. Complimentary consultations are available for all plan members.

We genuinely look forward to welcoming you and your family to our in-house dental plan and to our dental family! We are proud to provide the most comprehensive dental plan we have seen for adults and children, focusing on true preventive care and overall patient wellness and health.

*Our best patients are by your referrals and by word-of-mouth. For any business referral you or any of your team sends us and the business starts a contract with Mariposa Dental Plans, USA, that one family will receive a month of the plan complimentary as our way of saying thank you.

This is a legally binding contract, by signing below you acknowledge this and are the owner or have the authority to sign for the company entity and any changes to this contract need to be made in writing as indicated above. No verbal changes will be accepted.

Printed Name: _____

Signature: _____

Company Name: _____ **Date:** _____