

COMFORT DENTAL GOLD MEMBERSHIP PLAN

Comfort Dental **Gold Plan** is a reduced-fee dental membership plan that allows individuals and families to receive quality dental services from Comfort Dental dentists at reduced prices. The **Gold Plan** offers the access of a network, plus the individualized attention of private care. You, your spouse, dependent children up to 26 years of age, and children over 26 with a developmental disability or physical handicap are eligible. Individuals under the age of 18 may only be members as the dependents of adults.

Members must choose a provider/office from the list of OFFICE LOCATIONS provided in this brochure. Provider information is also available at www.comfortdental.com or by calling the Gold Plan office. To receive care, simply call your selected office for an appointment after your effective date. All Comfort Dental Offices offer **EVENING AND SATURDAY** appointments. The Reduced Fee Schedule is included and can also be viewed at www.comfortdental.com/comfort-dental-gold-plan.html.

Members who enroll prior to the 10th of the month will have their membership begin on the first day of the following month. Those enrolling after the 10th will have their membership begin on the first day of the second month.

This discount program is NOT a health insurance policy and does not make payments directly to dental service providers. Members are obligated to pay for all dental services, but may receive discounts on dental services from participating providers and the discount range will vary depending on provider type and dental services received. The program does not meet the minimum creditable coverage requirements under any law and is not a Qualified Health Plan under the Affordable Care Act. If you cancel within the first 30 days after activation you will receive a full refund, except for the \$10 processing/enrollment fee where permitted by law. Program administered by Comfort Dental Gold Plan, LLC, 2540 Kipling St., Lakewood, CO 80215, (303) 232-2300 Ext. 102, 103 or 113 in Colorado; 1-800-742-8710 Ext. 102, 103 or 113, goldplan@comfortdental.biz, www.comfortdental.com. Members who cancel after receiving benefits may be liable for the difference between the **Gold Plan** fee and the provider's normal and customary fee for treatment, payable to the provider.

Members may change providers or add additional family members by providing a written request and paying any additional membership fees. Changes will be effective 30-days from the receipt of written requests. Complaints should be addressed to: Comfort Dental Gold Plan Customer Service, 2540 Kipling St., Lakewood, CO 80215. Complaints will be addressed within 30-days of receipt. If a member remains dissatisfied he or she may contact his or her state's insurance department. The Gold Plan does not guarantee the quality of the services or products offered by individual providers.

MONTHLY MEMBERSHIP FEES

INDIVIDUAL MEMBER = \$10.50	MEMBER AND UP TO THREE DEPENDENTS	= \$24.50
MEMBER AND ONE DEPENDENT = \$17.50	MEMBER AND FOUR OR MORE DEPENDENTS	= \$29.50

Gold Plan Membership provides you with local anesthetics, examinations, x-rays, and other preventive services at NO CHARGE (\$5.00 for Arizona members) plus reduced fees on most other dental services. The Reduced Fee Schedule is included and can also be viewed at www.comfortdental.com/comfort-dental-gold-plan.html for full details on discounted services.

Members are charged an office visit fee of \$25.00 for each appointment. Orthodontics (BRACES) are provided at \$129/month for children and \$139/month for adults with NO DOWN PAYMENT. The reduced fees are paid directly by you to your selected provider. A complete list of dentists and offices is available at www.comfortdental.com

Members may receive emergency dental care for the relief of pain, bleeding or swelling from any Comfort Dental dentist at any Comfort Dental office when their selected provider is unavailable.

This contract is not protected by any state guaranty fund. The program and program administrator is not liable for providing or guaranteeing health services or for the quality of health services rendered. Membership and activation fees apply. The Gold Plan is governed by this Membership Agreement. Participating providers are not available in all areas and are subject to change without notice. Program is not available in all states. To join fill out the attached enrollment form and select one of the four methods of payment.

1. **ANNUALLY.** One lump sum payment by check or credit card plus a \$10.00 processing fee.
2. **MONTHLY BY CREDIT/DEBIT CARD.** Enclose valid credit/debit card number with expiration date and name of cardholder. Your card will be charged the first month, last month and \$10.00 processing fee to enroll. Remaining monthly payments will be automatically charged to the same card on the first of each month.
3. **MONTHLY BY CHECKING ACCOUNT DEBIT.** Enclose a check for the first and last month's payment plus the \$10.00 processing fee. Also include a voided check. Remaining payments will be deducted from your checking account on the first of each month.
4. **MONTHLY PAYMENT BY MAIL OR WALK-IN.** Send payment via your method of choice for the first and last month plus the \$10.00 processing fee. The member may send each remaining monthly payment but must include a \$10.00 processing fee with each payment. Payments must be received by the 10th of the month for eligibility the following month.

Enrollment form and payment should be directed to:

COMFORT DENTAL GOLD PLAN

2540 Kipling Street

LAKEWOOD, CO 80215

303-232-2300 X102, X103, X113

1800-742-8710 X102, X103, X113

COMFORT DENTAL GOLD PLAN OFFICE LOCATIONS

Select your Dental Office Location. Please list selected office on Member Registration form.

Each office owned and operated by an independent Franchisee

Colorado Locations

Arvada 12380 W 64th Ave 303-421-7000	E. Colfax 5200 E. Colfax 303-377-3876	Littleton 209 W Littleton Blvd 303-734-2273	South College - FC 4032 S College Ave 970-225-2273
Aurora 1050 S. Peoria 303-367-2273	Englewood 2725 S. Colorado Bv 303-783-0100	Longmont 1750 Mountain View 303-678-7783	South East Denver 3488 S. Willow 303-338-8181
Austin Bluffs 3952A N Academy 719-591-1811	Evergreen 1232 Bergen Pkwy 303-674-6070	Louisville 994 W Dillon Rd #400 303-673-0500	South Powers 1580 Space Center 719-574-8922
Bear Creek 3200 S. Wadsworth 303-716-8546	Falcon 11605 Meridian Market 719-495-8989	Mile High 881 N. Federal 303-825-0013	Stroh Ranch 12870 Stroh Ranch Ct 303-840-6543
Bellview & Simms 11625 W Belleview 303-972-8700	Firestone 4415 City Centre Rd. 303-651-6347	Montrose 1803 S Townsend Ave 970-744-2935	Summit County 354BlueRiverPkw 970-262-2273
Boulder 3400 Arapahoe 303-444-2129	Ft. Collins 934 S. Lemay 970-498-8300	Monument I-25 & Monument 719-484-0043	Thompson Valley 1405 10th SW 970-962-9995
Brighton 315 E Bromley Ln 303-659-1125	Glenwood Springs 1512 Grand Ave 970-947-1273	No. Academy 1634 York Road 719-522-0800	Thornton 9203 N. Huron 303-429-2273
Centennial 8223 S. Quebec 303-689-2273	Golden 17531 S. Golden Rd. 303-278-6953	No. Arvada 8390 W. 80th Ave 303-425-6419	Tower Road 18680 E Iliff Ave. 303-751-5010
Cherry Creek 201 University 303-321-2233	Grand Junction 2650 North Ave 970-255-1222	No. Boulder 4550 Broadway 303-848-2906	Vail Valley 0101 Fawcett Rd 970-949-7911
Citadel 509 N. Academy 719-591-7599	Grand Junction West 2502 Hwy 6 & 50 970-241-2080	No. Loveland 274 W 64th St. 970-667-0446	Westminster 10350 Federal Blvd 303-427-2722
Coal Mine 8420 W. Coal Mine 303-904-2273	Greeley 3766 W. 10th St. 970-304-1273	No. Powers Road 6076 Stetson Hills 719-637-2079	Westminster North 11187 N. Sheridan 303-469-2333
Colfax & Havana 10401 E Colfax 303-344-2273	Green Mountain 12810 W Alameda 303-987-2273	Northglenn 10780 N. Washington 303-452-6630	Wheat Ridge 9990 W. 26thAve 303-232-4500
Colorado & Yale 2725 S Colorado Bv 303-783-0100	Green Valley Ranch 18620 GVR Blvd 303-371-8247	Parker Road 15250 E. Orchard 303-680-9990	Windsor 700 Main St. Suite B 970-373-5730
Commerce City 7201 Monaco 303-287-2755	Highlands Ranch 91 W Mineral #150 303-738-9499	Pueblo 2025 US Hwy 50 W 719-542-2472	80th & Sheridan 7990 N. Sheridan 303-650-4101
Conifer 25597 Conifer Rd 303-838-2811	Hunters Glen 136th & Colorado Blvd. 303-920-2273	Pueblo South 1221 S Pueblo Blvd 719-565-2274	Comfort Dental Kids 9990 W 26th Ave.
Denver 4450 W 38th Ave 303-455-2273	Lafayette 535 W So Boulder Rd. 303-604-2804	Quincy Buckley 16981 E. Quincy 303-617-8400	West 9652 N Washington St. East 8223 S. Quebec South 10401 E Colfax Ave.
E. Aurora 2131 S Chambers 303-750-2273	Lakewood 6800 W. Alameda 303-727-9100	Security 332 Main St. 720-907-0683	

Colorado Offices Offering Braces

Comfort Dental Braces East 15403 E. Hampden Ave.	Comfort Dental Braces E. Colfax/Havana 10401 E Colfax
Comfort Dental Braces Southwest 5055 E Kipling Pkwy	Comfort Dental Braces Hunters Glen 13691 N Colorado Blvd
Comfort Dental Braces Northwest 8113 W 94th Ave.	Comfort Dental Braces Glenwood Springs 1512 Grand Ave
Comfort Dental Braces West 9990 W 26th Ave	Comfort Dental Braces Austin Bluffs 3952 N Academy
Comfort Dental Braces Northeast 9652 N Washington	Comfort Dental Braces South Pueblo 1221 S Pueblo Blvd
Comfort Dental Braces South 8223 S Quebec	Comfort Dental Braces Grand Junction 2650 North Ave
Comfort Dental Braces North Loveland 274 W 64th St	Comfort Dental Braces Summit County 354 Blue River Pkwy

COMFORT DENTAL GOLD PLAN OFFICE LOCATIONS

Select your Dental Office Location. Please list selected office on Member Registration Form
Each office owned and operated by an independent Franchisee

ARIZONA

___ **Mesa East**

407 N Lindsay Rd
480-218-9720

___ **Mesa West**

1130 S Country Club
480-461-9866

___ **Scottsdale**

E. Shea Blvd
480-459-2144

NEW MEXICO

___ **Alameda**

1125 Alameda Bv NW
505-933-6873

___ **Brentwood Hills**

2010 Juan Tabo
505-237-2273

___ **Central**

13031 Central NE
505-332-2273

___ **Coronado**

5820 Menaul
505-872-2772

___ **Cottonwood**

9401 Coors Blvd NW
505-890-2773

___ **East Paseo Del Norte**

7900 San Pedro
505-933-6871

___ **Lomas**

4701 Lomas Blvd
505-232-2273

___ **North Valley**

5308 4th St NW
505-341-2273

___ **Rio Bravo**

1698 Rio Bravo SW
505-247-2717

___ **Rio Rancho**

2003 Southern Blvd
505-221-5740

___ **Santa Fe**

3811 Cerrillos Rd
505-933-6872

KANSAS

___ **State Avenue**

7933 State Avenue
913-213-6973

___ **Overland Park**

8700 Santa Fe Dr
913-416-4660

___ **Roeland Park**

5201 Roe Blvd
913-823-0060

MISSOURI

___ **Gladstone**

5106 NE Antioch Rd
816-298-8585

MONTANA

___ **Kalispell**

2165 Hwy 2E
406-758-0391

___ **Billings Grand**

918 Grand Ave
406-625-3000

OKLAHOMA

___ **Midwest City**

7100 SE 15th St
405-241-9960

___ **Moore**

1060 SW 4th St
405-384-7071

___ **North May**

5920 N May Ave.
405-494-4961

OHIO

___ **Circleville**

915 S Court St
740-334-4116

___ **Delaware**

1179 Columbus Parkway
740-362-2202

___ **Gahanna**

4693 Morse Rd
614-471-7800

___ **Grove City**

2196 Springtown Rd
614-875-1100

___ **Heath**

613 Hebron Rd
740-788-8084

___ **Hilliard**

3676 Main St
614-453-2806

___ **Lancaster**

1601 N Memorial Dr
740-521-4142

___ **Marion**

1598 Marion/Mt.Gill
740-386-6600

___ **No. Columbus**

2610 E Dublin_Grnvl
614-794-7480

___ **Sawmill**

6301 Sawmill Rd
614-764-0400

___ **Springfield**

1270 Upper Valley Pk
937-525-0500

___ **Whitehall**

4545 E Main St
614-231-1600

___ **Xenia**

44 Xenia Town Square
937-410-0451

TEXAS

___ **Addison**

3744 Beltline Rd
972-243-3948

___ **Converse**

9135 Schaefer Rd
210-607-8232

___ **Denton**

612 W University Dr
940-484-1200

___ **Frisco**

8745 Gary Burnes Dr
214-494-4441

___ **Garland**

1109 NW Hwy 24
214-227-4863

___ **Mesquite**

540 Clay Mathis
972-222-5313

___ **Munger**

5004 Columbia Ave
214-821-1800

___ **Richardson**

516 W Arapahoe
972-231-5020

___ **Rockwall**

515 E I-30
214-771-4603

___ **Stone Oak**

203 N Loop 1604W
210-490-8300

___ **Thousand Oaks**

3023 Thousand Oaks
210-497-6700

___ **West Ave**

4812 West Avenue
210-977-0321

Other Offices Offering Braces (See Dental Office Locations Above for Addresses)

Arizona
West Mesa

Kansas
Overland Park

NewMexico
Cottonwood
Coronado
Lomas

Ohio
Springfield
Delaware
Marion

Texas
Meadowbrook
Thousand Oaks

All members fill out this portion completely -please print

MEMBER REGISTRATION

Last Name _____ **First** _____ **MI** _____

Mailing Address _____ **Apt#** _____

City _____ **State** _____ **Zip Code** _____

Home Phone () _____ **Member Birth Date** _____

List Eligible Dependents	Birth Date	Relationship

Office Location Selected _____
 Please see above listing of offices

Select Method of Payment

Circle one: ANNUAL MONTHLY

_____ **Monthly bank draft** (Enclose 1st & last month's payment plus one-time \$10.00 processing fee. Include voided check for account to be debited.) The authorization form must be signed.

_____ **Payment by month.** Enclose 1st & last month's payment plus \$10.00 processing fee. Each monthly payment must be received in our office by the 10th of the month and each payment must include the \$10.00 processing fee. **No notice of balance due will be sent.**

_____ **Charge Card** (we accept all credit cards)
 card # _____
 exp. date: _____ *CVC# _____

***3 digit on back of card or 4 digit on front of card on AmEx**
If paying monthly charge card, 1st and last month's payment plus one time processing fee will be charged and monthly payments will be automatically charged to this account on the first of each month.

_____ **12 month annual payment** plus one time \$10.00 processing charge. Total payment included. (If using Charge Card, indicate number above.)

I understand the benefits, limitations, exclusions and requirements of the Plan and I agree to the following: **I will remain in the plan and pay membership fees for 12 months.** Where permitted by law, payment of less than 12 months' membership fees may result in my being charged usual and customary fees for all services (including those already provided) and my being charged remaining months' fees in lump sum. Fees for dental services are due to the dentist as services are rendered. Fees for prosthodontic and cast restoration services are due to the dentist at the preparation/impression visit. Failure to comply may result in my being charged usual and customary fees for such services. I agree to pay any and all costs in collecting all charges, including but not limited to attorney fees and court costs. Membership must be continuous. Missing monthly payments must be made up for interrupted membership. Processing fees are not refundable.

Signature/Date (Required) _____

TERMS AND CONDITIONS OF AUTHORIZATION TO HONOR DEBITS

- Drawn by and Payable to Comfort Dental Gold Plan.
- The member enrolling in the Gold Plan hereby lists and authorizes his/her bank to pay and charge to his/her account, checks drawn by and payable to Comfort Dental Gold Plan, Lakewood, CO, provided there are sufficient collectable funds in said account to pay the same upon presentation. The member agrees that his/her bank's responsibility in respect to each such check shall be the same as if it were a check drawn on his/her bank and paid personally by him/her. **This authority is to remain in effect until revoked by him/her in writing or until his/her bank shall be fully protected in paying such check.**
 - He/she further agrees that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, his/her bank shall be under no liability whatsoever even though said dishonor results in the suspension of his/her membership.
 - To the Bank named, it is agreed that you may comply with the depositor's request, this Company agrees: a) To indemnify you and hold you harmless from any loss you may suffer as a consequence of further actions resulting from or in connection with the execution and issuance of any check, draft or letter, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith. b) In the event that any such check, draft or order shall be dishonored whether with or without cause, or whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a suspension of membership. c) To defend at your own cost and expense any action which might be brought by any depositor or any other persons because of your actions when pursuant to the foregoing request, or in any manner arising by reasons of your participation in the foregoing plan of statement of collection.
 - If the 1st of the month is on a weekend or holiday, the member's payment will be collected the 1st business day prior.

**Authorization to Honor debits drawn by and payable to
 COMFORT DENTAL GOLD MEMBERSHIP PLAN**

Bank Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____
 Checking _____ Savings _____
 Acct.# _____

***** Please include voided check from account to be drafted *****
 I authorize you to pay and charge my bank account checks drawn by and payable to the order of Comfort Dental Gold Plan, Lakewood, CO and agree to remain in the Plan a minimum of one year. Less than one-year membership may result in my being billed usual and customary fees. **Cancellation of banking must be done in writing 30 days prior to end of 12 month term.**

Signature (Required) _____

Date: _____

**Mail this form to: Comfort Dental Gold Plan
 2540 Kipling Street Lakewood, CO 80215**

DENTAL LIMITATIONS AND EXCLUSIONS

1. Services that, in the opinion of the attending dentist, are neither necessary nor recommended for the patient's dental health.
2. Restorations, splints or other appliances used to increase vertical dimension or restore occlusion.
3. Oral surgery requiring the setting of fractures or dislocations.
4. Treatment of malignant cysts or neoplasms or congenital malformations, except that teeth congenitally missing or congenitally malformed are covered for replacement and/or restoration.
5. Dispensing of drugs not normally supplied in a dental office.
6. Hospital benefits for any dental procedure.
7. Loss or theft of dentures or bridgework.
8. Any experimental procedures
9. Services for injuries or conditions that are covered under Worker's Compensation or Employer's Liability laws.
10. Services that are provided without cost to the member by any municipality, county or other political subdivision.
11. Services that cannot be performed because of the general health, physical or psychological limitations of the patient.
12. Periodontics, endodontics, oral surgery or pedodontics requiring the services of a non-participating dentist.
13. General anesthesia.
14. Those procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, or to alter, restore or maintain occlusion, including without limitation, treatment of disturbances of the temporomandibular joint.
15. Fluoride application is limited to one per year to age 18.
16. Diagnosis and treatment of myofacial pain dysfunction syndrome.
17. Procedures performed in the hospital.
18. Gold Plan discounts cannot be used with other dental discount plans.
19. Demonstrated non-compliance with recommended course of treatment may result in cancellation.

ORTHODONTIC LIMITATIONS AND EXCLUSIONS

1. Treatment programs that began before the member enrolled in the Plan are not discounted nor can they be transferred to Gold Plan.
2. Lost or broken appliances are not subject to replacement.
3. Additional fees may be charged by the dentist for:
 - a) Gross and consistent non-cooperation by the patient/member.
 - b) Accidents occurring during the treatment.
 - c) Cases involving surgical orthodontics.
 - d) Cases involving myofunctional therapy.
 - e) Cases involving temporomandibular joint treatment.
 - f) Loose, broken or lost bands/brackets.
4. If the member relocates to an area and is unable to receive treatment from a participating dentist, membership under this program ceases and it becomes the obligation of the patient/member to pay the usual and customary fee of the non-participating dentist at whose facility treatment is completed.
5. Choice of dentist, initially, after treatment begins or upon change of residence is limited to practitioners participating in this program or who accept fees outlined.
6. Orthodontic extractions are not included in the monthly fee.