

Please list all unmarried children up to age 22.
Fill out & send this form in today to begin coverage.

Child's First Name
Middle initial Son ☐ Daughter ☐
DOB

Child's First Name
Middle initial Son ☐ Daughter ☐
DOB

Child's First Name
Middle initial Son ☐ Daughter ☐
DOB

Child's First Name
Middle initial Son ☐ Daughter ☐
DOB

Child's First Name
Middle initial Son ☐ Daughter ☐
DOB



www.RiversEdgeSmiles.com
f riversedgesmiles

Patient's agree that River's Edge Dental Clinic fees stated must be paid at the time services are rendered. Any service not paid for at time of service will be billed at usual and customary fees. Coverage fees are valid only when paid at time of enrollment. All family members must reside at same household. This is not an insurance product.

LOW COST FIVE-STAR



Dental Wellness Plan
as low as **\$29 per month!**



Join River's Edge Dental Clinic's exclusive in-house Smile Benefits Dental Savings Plan.

Discounted fees for all services, only good at River's Edge Dental Clinic. You save on everything from cleanings and fillings to cosmetic procedures and crowns!

- All health conditions accepted
- You cannot be denied coverage!
- No deductibles!
- No health questions!
- Same 5-Star dental experience River's Edge Dental Clinic has always provided



www.RiversEdgeSmiles.com
f riversedgesmiles

(651) 463-7777

info@riversedgesmiles.com

213 First Street
Farmington, MN 55024

16023 Elmhurst Lane,
Lakeville, MN 55044



No Insurance? No Problem!
Smile Benefits Exclusively for You!

River's Edge Smile Benefits

www.RiversEdgeSmiles.com

RIVER'S EDGE SMILE BENEFITS

No Dental Insurance? No Worries!

Our dental savings program provides an affordable alternative and significant savings on personalized, exceptional dental care for your whole family without the hassles of traditional dental insurance.

The value is clear. A simple, straightforward plan to ensure that you get the important dental care you need. No yearly maximums. No waiting periods. No deductibles. Call and ask for more information and to get started today!

INDIVIDUAL PLAN

\$350 Per Year
No Activation Fee!

- Two Cleanings (absence of infection)
- Two oral cancer screenings
- Two Fluoride tooth treatments
- Four Bite wing X-Rays (Once per year)
- One Panorex X-Ray (Every three years)
- 20% off ALL services (Including cosmetic procedures)
- Free Professional Whitening upon activation of membership (Limited to first time activation)

PERIODONTAL PLAN

\$599 Per Year
No Activation Fee!

- All Individual Plan Benefits Included!
- Two Additional Periodontal Maintenance Cleanings
- 20% Off Scaling and Root Planing

FAMILY PLAN

\$675 Per Year - 2 Members
No Activation Fee!

- Immediate Family Members Only (Parents and kids up to age 22)
- \$295 per yr, each additional family member

Terms and Limitations of River's Edge Smile Benefits River's Edge Dental Clinic

- This is a dental discount plan and is NOT dental insurance.
- It can't be combined with any other dental insurance, or financing program such as Care Credit.
- It is good only at River's Edge Dental Clinic. If you are referred to a specialist, they will NOT honor these discounts.
- If dental treatment is needed following any type of injury where a lawsuit and outside medical care, disability or workman's comp insurances are involved, this discounted plan can't be used.
- This plan is Non-transferable to any other family members.
- It is Non-Refundable. No refunds given if patient chooses not to use their dental plan
- Rates are subject to change.
- Payments are due day of service to receive this discount. If you choose to use Care Credit, the discount does NOT apply.
- This offer cannot be combined with any other offers.
- Dental services are discounted by this plan, however, products are not.
- If, and once, you become insured your dental plan will be terminated and no refund will be given.

Simply fill out and bring/send this form in to begin coverage today!

First Name
Last Name
Middle Name M ☐ F ☐
Home Address

City State
Zip Phone
Email
DOB





Spouse
First Name
Last Name
Middle Initial M ☐ F ☐
DOB

Enrollment Period to

Signatures (member and spouse)

Date
 Date

By signing above, you agree to all of the terms and limitations

 ☐  ☐  ☐  ☐

Card Number

Expiration Date Security Code

☐ Make Check Payable To River's Edge Dental Clinic