



## 12 Month Dental Benefit Program

The following treatment can be received within one year for one price:

- Two Dental Cleanings (Healthy Gums) (D1110) or Periodontal Maintenance Cleanings (D4910)
- Two Fluoride Treatments (D1206)
- Unlimited Digital X-rays (D0272, D0274, D0220, D0230, D0330)
- Unlimited Exams (Routine and Emergency) (D0120, D0140, D0150)
- Periodontal Evaluation (D0180)
- Oral Cancer Screening (D0191, D0431)
- Intraoral Photographs (D0350)
- Additional Required PPE (D1999)

Additional Dental Cleanings, Periodontal Therapy, and all other General Dentistry Procedures beyond the above mentioned treatment are reduced 20% (For patients 18 years and under sealants are \$20 each.)

### ANNUAL MEMBERSHIP FEES:

ADULTS: \$399

CHILDREN (18 and under): \$325

COUPLES: \$748

FAMILY PLAN (Two adults and 2 children age 18 and younger): \$1298  
(\$50 savings for each additional family member)

- No Deductible
- No pre-existing exclusions
- No yearly maximums

\*\*\*The 12-month membership fee is due in full upon joining and does not automatically renew. We accept payment by cash, check, and credit card (Visa, MasterCard, and Discover). Care Credit is not accepted as payment for membership fees. There will be a \$35.00 service charge for all returned checks. All benefits must be used within the one year membership (No Exceptions). **Membership cannot be used in conjunction with any other offers, or in combination with insurance or other discounts.** In the event the patient is covered under a dental insurance/program this program will become null & void without refund. Either party can terminate this agreement by giving the other party at least 30 days advance written notice. Not valid on previous treatment. NON-TRANSFERABLE. It is the sole responsibility of the member to maximize their benefits by scheduling all appointments within the 12-month membership period. If the benefits are not used within the 12-month membership, the member will not be entitled to a refund.

**“This agreement is not health insurance and the health care provider will not file any claims against the patient’s health insurance policy or plan for reimbursement of any health care services covered by this agreement. This agreement does not qualify as minimum essential coverage to satisfy the individual shared responsibility provision of the Patient Protection and Affordable Care Act, 26 U.S.C.s. 5000A. This agreement is not workers’ compensation insurance and does not replace an employer’s obligations under chapter 440.”**

Patient’s Printed Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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