

**AFFORDABLE CARE,  
AFFORDABLE PAYMENTS.**

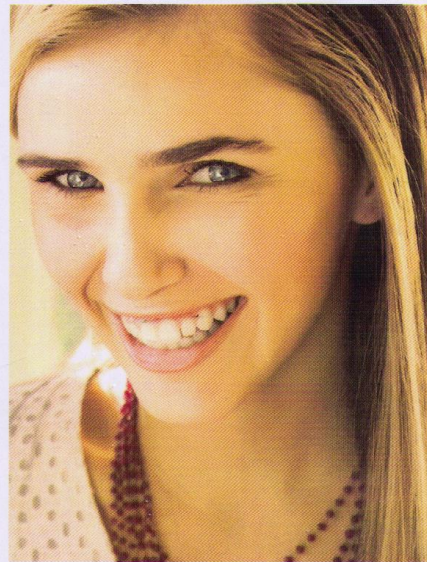
**JOIN THE PLAN!**

**ASK ABOUT OUR MEMBERSHIP PLAN AND START SAVING TODAY!**

**Even if you're not covered,  
we've got you covered.**

If you don't have dental insurance...  
no worries!

Join our membership plan and get the  
quality preventative care you need  
with affordable monthly payments.



**Easy, affordable care without the hassle of dental insurance.**

See our office staff for more details.

## Why deal with dental insurance?

**Join a plan and start saving today!**

### STANDARD PLAN \*

**Includes:**

- 1 cleaning every 6 months
- Oral cancer screening with cleaning
- 1-2 exams per year
- X-rays as determined necessary
- 1 emergency exam with X-ray per year
- Up to 15 % off any needed treatment

Adult  
(12 and over)  
**\$35**/mo  
\$385/yr  
annual plan

Child  
(12 and under)  
**\$30**/mo  
\$330/yr  
annual plan

### PERIODONTAL PLAN \*

**Includes:**

- 1 periodontal cleaning every 3-4 months
- Oral cancer screening with cleaning
- 1-2 exams per year
- X-rays as determined necessary
- 1 emergency exam with X-ray per year
- Up to 15% off any needed treatment

**\$49**/mo  
\$575/yr  
annual plan

\*If periodontal disease is present, additional treatment will be necessary prior to your cleaning. The Dental Membership Plan is NOT dental insurance; it is a loyalty membership discount plan offered by your dentist. The Plan and any discounts included do not cover procedures performed outside of our practice. You may cancel after 90 days for any reason. To cancel within 90 days, you must contact your dentist, and fees for any services rendered will be due in full prior to a refund of any membership fees. Should you choose to re-enroll after canceling your membership, a \$69 re-enrollment fee will be charged. Dental Codes: D110, D120, D0150, D0120, D0272, D0274, D0330, D0140, D0220, D1208

Location: \_\_\_\_\_

Account Owner Information:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Plan: \_\_\_\_\_ Temp Password: \_\_\_\_\_

Additional Member:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F

Plan: \_\_\_\_\_

Additional Member:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F

Plan: \_\_\_\_\_

Payment Information:

- AMEX
- VISA
- MASTERCARD
- DISCOVER

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- I understand that if **Periodontal Disease** is present additional treatment may be necessary prior to my cleaning.
- I understand that I may cancel my membership after 90 days for any reason. To cancel membership within 90 days of enrolling, I must contact my dentist, and I will owe in full for any services rendered prior to receiving a full reimbursement of membership fees paid.
- I understand that if I cancel my membership, a \$99/member re-enrollment fee will be charged if I choose to re-enter the membership.

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