



## In-Office Dental Savings Plan

### REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

List dependents you wish covered under the plan (under the age of 19)

Name	Birthdate	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Payment Method

Yearly Discount Plan (\$300/year + \$200 per additional plan member)

Total \_\_\_\_\_ per year

Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_ V MC Disc

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Zipcode \_\_\_\_\_ CVC \_\_\_\_\_

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

## TERMS AND CONDITIONS

### Benefits

- 2 regular exams (D0150 or D0120) and cleanings (D1110) each year from the date of the signed and paid contract
- 10% courtesy on periodontal cleanings (D4345 or D4341) including laser therapy
- All x-rays are included with your cleaning visits (D0272, D0273, D0274, D0330) except 3-D imaging
- 1 courtesy fluoride treatment (D1208) per year
- Annual oral cancer screening
- 10% courtesy on all crowns, bridges, implants, fillings, dentures, emergency exams (D0140), extractions, bleaching and laser treatment

### Limitations

- Benefits of plan are only available in our office - this plan is not part of any other insurance or discount plan
- Services cannot be filed to dental insurance
- Plan benefits not available with any other discount offer

Please read and sign below:

This Dental Savings Plan offers significant discounts on dental services. I understand the benefits, limitations, exclusions and requirements of this plan and agree to the following:

Any fees for dental services are due when the services are rendered. Fees for prosthodontic (dentures) and indirect restorations (crowns, bridges, veneers, inlays, onlays) are due on the preparation/impression appointment. Fees for single-appointment CAD/CAM restorations are due on the date of service. Member benefits may not be used with any other offers or insurance plans. Members must remain in the plan a minimum of 12 months. For your convenience, the contract will renew at each anniversary period unless specifically canceled by member.

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