

DENTAL SAVINGS PROGRAM

ENROLLMENT FORM

Member Name: _____

Date of Enrollment: _____

PROGRAM BENEFITS

Your premium to enroll for a one-year benefit term is \$359.00. Once enrolled you will enjoy a 100% discount on the following preventive services:

- ❖ 2 periodic exams
- ❖ 2 routine cleanings*
- ❖ 2 fluoride treatments
- ❖ 1 set of x-rays (either bitewing or full-mouth series)
- ❖ 2 oral cancer screenings

You will also receive a 20% discount on all remaining services including fillings, crowns, night-guard appliances and more!

You will receive a one-time \$100 discount on in-office Zoom whitening or \$55 discount if you prefer the take-home whitening option.

*Periodontal maintenance visits will be discounted 50%. This applies to patients who have had treatment for periodontal (gum) disease.

PROGRAM DESCRIPTION

Our *DENTAL SAVINGS PROGRAM* is a discount plan – not an insurance plan. It cannot be used in conjunction with dental insurance. It replaces any discounts already being offered. It is subject to the following rules and guidelines:

- ❖ Valid only for services performed in our office
- ❖ Not valid for services covered by Worker's Compensation
- ❖ Premium is non-refundable and cannot be transferred to another patient
- ❖ Amounts not used during eligibility period are non-refundable and cannot be used in another benefit period
- ❖ Patient's portion of bill is due in full at the time of service *

Patient Signature: _____ Date: _____

*may not include Care Credit