

# Whole Dental Health Subscription Plan

We have been seeing changes over the past few years with a lot of families, whether it is from losing a job, to retirement, or companies eliminating benefits. We have given the problem a lot of thought and have come up with a plan to help a lot of families. The office has implemented a WHOLE DENTAL HEALTH SUBSCRIPTION PLAN so people can get the care they need at an affordable rate.

## NO ANNUAL MAXIMUMS ~ NO DEDUCTIBLES ~ NO WAITING PERIOD NO WONDERING IF INSURANCE WILL PAY ~ NO PREAUTHORIZATION **COSMETIC DENTISTRY IS INCLUDED**

#### MEMBERSHIP BENEFITS:

#### 2 Dental Wellness Visits:

Exam Periodontal Evaluation Preventative Cleaning or Digital X-rays (as needed) Oral Cancer Screening **Oral Hygiene Instruction** 

Periodontal Maintenance Cleaning \*

\*This plan only includes 2 periodontal maintenance visits \*Any additional maintenance visits will be at the 20% discount

### 1 Emergency Visit:

Problem Focused Exam X-rays (as needed)

### 20% Discount on treatment:

A treatment plan will be provided in writing for all recommended procedures. Treatment must be completed in full, within the 12 months of enrollment, to qualify.

### **ANNUAL COST:**

- Individual: \$38/month\*
- Additional family member over 18 years of age: \$38/month\*
- Additional family member 18 years of age and under: \$25/month\*
- Save up to 11% if you pay annually: Annual amount per Individual/additional adult family member is \$399. Annual amount per family member under 18 is \$250.

The Effective Date is the day you sign up, and the Renewal Date is the same every year

### **"THE FINE PRINT"**

THIS IS NOT DENTAL INSURANCE -- IT IS A WHOLE DENTAL HEALTH SUBSCRIPTION PLAN

Cannot be combined with Dental Insurance or other offers

Any necessary dental specialist referrals will not honor discount

Must pay balance in full when services are rendered for discount

Orthodontic Invisalign, whitening, Oral ID, and products are not discounted

Nitrous oxide/laughing gas is not discounted

If treatment is due to injury with litigation, disability, or workman's comp, discount does not apply

If patient elects to use Care Credit for additional treatment services, there will be a service charge due to merchant fees

The plan is subject to change yearly

NO REFUNDS GIVEN IF PATIENT CHOOSES NOT TO USE THE DENTAL PLAN

Coverage is in full effect for one calendar year. Coverage begins when membership has been paid in full. Appointment times are limited, and it is the responsibility of the member to schedule appropriate visits.

The team at Dexter Dental Studio has reviewed this dental benefits plan with me. I have had the opportunity to ask questions and I fully understand my policy.

Patient Name:	
Patient Signature:	
Effective Date:	Monthly/Annual Payment: