

Whole Dental Health Subscription Plan

Dexter Dental Studio has seen many families face changes in recent years, from job loss to retirement to employers eliminating insurance benefits. After giving this problem much thought, we have created a plan for our patients to receive the care they need at an affordable rate.

No annual maximums • No deductibles • No waiting period • No coverage uncertainty • No preauthorizations • Cosmetic dentistry coverage!

Plan Benefits

Two Dental Wellness Visits

- Comprehensive Exam
- Digital X-rays (as needed)
- Oral Cancer Screening
- Oral Hygiene Instruction
- Periodontal Evaluation
 - Three Maintenance Cleanings*

One Emergency Visit

- Diagnostic Exam
- X-rays (as needed)

20% Treatment Discount

A treatment plan will be provided in writing for all recommended procedures. To qualify, treatment must be fully completed within 12 months of enrollment.

* 20% Off Additional Visits

Payment Options

Pay In Full

Periodontal Plan \$599 Annually

Monthly Plan

Periodontal Plan \$150 Initial Payment \$41 Monthly Dues

*CareCredit available upon request

Terms and Conditions

Check each box to indicate you have read the Terms and Conditions:

Amount Due Today:	Annual Amount:	Monthly Amount:
Members Under 18:		
Members Over 18:		
Effective Date:	Annual Plan □	Monthly Plan □
Full Name:	Signature:	
The team at Dexter Dental Studio had the opportunity to ask questions		
NOT Eligible for 20% Discount: Or Purchases, and Nitrous Oxide (laugh		gn, Whitening, Product
If treatment is due to injury with li discount does not apply. \Box	tigation, disability,	or workman's comp, a
Appointment times are limited, and schedule appropriate visits. \Box	I it is the responsik	oility of the member to
Coverage is in full effect for one cale	endar year from the	effective date. 🗆
30 days notice must be given to can	cel the plan. 🗆	
The card on file will be automatically charged the total for all members (monthly or annually, depending on plan chosen) while the plan is in effect. \Box		
Each member on the monthly plan repaid on the effective date. \Box	equires one initial p	ayment, which must be
Coverage begins on effective date (date of initial paymo	ent). □
The plan is subject to change yearly.		
No refunds are given if patient choos	ses not to use the d	ental plan. 🗆
Treatment payments with Care Cred	dit incur a merchant	t fee charge. 🗆
Balance must be paid in full when dis	scounted services a	ire rendered. 🗆
Any necessary dental specialist refe	rrals will not honor o	discount. 🗆
nis plan cannot be combined with Dental Insurance or other offers. \square		
The Whole Dental Health plan is NOT	Dental Insurance.	