

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
 - Preventative Cleaning*

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

Members Over 18 \$499 Annually

Members Under 18 \$349 Annually

Monthly Plan

Members Over 18 \$150 Initial Payment \$32 Monthly Dues

Members Under 18 \$100 Initial Payment \$23 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: Orthodontic Invisalign, Whitening, Product Purchases, and Nitrous Oxide (laughing gas) \hdots			
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	eayment, 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	nds are given if patient chooses not to use the dental plan. 🗆		
Treatment payments with Care Cred	with Care Credit incur a merchant fee charge. 🗆		
Balance must be paid in full when dis	scounted services a	re rendered. 🗆	
Any necessary dental specialist refe	rrals will not honor o	discount. □	
This plan cannot be combined with [plan cannot be combined with Dental Insurance or other offers. \Box		
The Whole Dental Health plan is NOT	Dental Insurance.		