



## In House Dental Insurance Plan

### **What the Plan Covers:**

Bi-annual cleanings within contract expiration (regularly \$160 each visit) including:

- Bitewing X-rays
- Prophylaxis Cleaning
- Comprehensive Exam
- Fluoride Treatment

All other services are given a 30% discount

- Scaling and Root Planing
- Sealants
- Fillings
- Crowns, Veneers, Bridges
- Cosmetic Dentistry
- Root Canals
- Extractions

### **What the Plan Costs:**

Prices are figured at a yearly rate, and are as follows:

- 1<sup>st</sup> family member: \$200.00
- 2<sup>nd</sup> and 3<sup>rd</sup> family members: an additional \$100.00 each
- Additional family members: an additional \$75.00 each

(If necessary payments can be made every 6 months.) Please note that in order to have multiple family members covered on this plan, all family members must live in the same household.

### **Other Benefits of The Plan:**

- No preauthorization required
- No waiting periods or exclusions for pre-existing conditions
- No deductible
- No age limit

### **Terms and Limitations of The Plan**

- Family members cannot be substituted in for another family member.
- Family members can be added at anytime during the year. However, the end coverage date will remain the same for all members.
- Cleanings must be done before the end coverage date.
- This insurance plan may not be used in conjunction with any other insurance coverage.
- Co-payment is due at time of service for any work received.
- This is a yearly contract that will renew automatically unless we are otherwise informed.
- Rates are subject to change.



**Member Registration**

Staff Initials	Patient Name	Date of Birth	Amount Due
			\$200.00
			\$100.00
			\$100.00
			\$75.00
			\$75.00
			\$75.00
			\$75.00
			\$75.00
		<b>Total Amount Due</b>	

By signing below, I agree to the terms and limitations above regarding this insurance plan.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_