



In House Discount Program

What the Plan Covers:

Bi-annual cleanings within contract expiration (regularly \$228 each visit) including:

- Bitewing X-rays
- Prophylaxis Cleaning
- Dental Exam
- Fluoride Treatment (up to age 16)

All other services are given a 30% discount

- Scaling and Root Planing
- Sealants
- Fillings
- Crowns, Veneers, Bridges
- Cosmetic Dentistry
- Extractions
- Other necessary X-rays

*Excluding services provided by Oral Surgeon, Products and Lab Fees

What the Plan Costs:

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

- 1st immediate family member: \$300
- 2nd and 3rd immediate family members: additional \$150
- Additional immediate family members: additional \$120

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:

- \$1500 yearly maximum per person
- Family members cannot be substituted in for another family member
- Family members cannot be added at any time 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
- Rates are subject to change



Member Registration

Staff Initials	Patient name	Date of Birth	Amount Due
			\$300.00
			\$150.00
			\$150.00
			\$120.00
			\$120.00
			\$120.00
			\$120.00
Total			

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

Signature _____ Print Name _____ Date _____