



Membership Discount Plan

Purpose

To give patients without insurance the same discounted dental prices that patients with insurance get. We are willing to give such discounted prices to those who will commit to regular 6 month cleanings. The price of this membership plan is set to cover the cost of preventative items such as exams, x-rays and cleanings.

Plan Benefits

Exams, x-rays, and cleanings <i>(every 6 months)</i>	No charge
Other Procedures	30% discount

Membership Plan Rates

	<u>Monthly /</u>	<u>Yearly</u>
1 member	\$24+4 or	\$288
2 members <i>(couple)</i>	\$38+4 or	\$466
3-4 members <i>(family)</i>	\$50+4 or	\$600
5-6 members <i>(family)</i>	\$61+4 or	\$732
7 or more members <i>(family)</i>	\$71+4 or	\$852

Terms / Limitations

- There is **no yearly maximum** and **no waiting period** on anything.
- **\$60 one time setup fee** *(to motivate you to stay on the plan)*
- Yearly rates are more affordable by saving a \$4 monthly processing fee (included in price above).
- **This is a yearly contract** that will automatically renew (unless we are notified by you).
- We will release you from the contract in 6 month intervals if you are not satisfied, if you obtain other insurance, or if you move out of the area.
- Your Co-pays are due at time of service
- You are still eligible for financing through Care Credit (0% interest for 12 months) on any amount over \$300 including the cost of this plan.
- Discount prices are only available for work performed in our office. A few procedures and products are not eligible for discounts.
- Family plans can only cover dependants in household or full time students.
- Coverage must be continuous. Rates subject to change yearly with inflation.

Registration

List of covered Dependents	Birth date	Relationship

By signing below, I agree to the terms and limitations above of the Membership Discount Plan.

Signature _____ Print name: _____ Date _____



Comparison of Usual Fees, Membership fees, and Typical Insurance Fees

Dental Procedure	Usual Fee	Membership Discount Plan Fee	Typical Dental PPO
Comprehensive Exam	\$73	\$0	\$0
Cleaning	\$88	\$0	\$0
Filling (one surface posterior)	\$155	\$108 <i>(no deductible, maximum, or waiting period)</i>	\$25-60 <i>(plus \$50 deductible, \$1100 max)</i>
Crown (All Ceramic)	\$1075	\$752 <i>(no deductible, maximum, or waiting period)</i>	\$350-500 <i>(plus \$50 deductible, \$1100 max)</i>
Root Canal (molar)	\$1034	\$724 <i>(no deductible, maximum, or waiting period)</i>	\$150-200 <i>(plus \$50 deductible, \$1100 max)</i>
Extraction (simple)	\$129	\$90 <i>(no deductible, maximum, or waiting period)</i>	\$20-50 <i>(plus \$50 deductible, \$1100 max)</i>

<u>Typical Charges</u>	<u>at First Visit</u>	<u>with Plan</u>
Comprehensive exam	\$73	\$0
Panoramic X-ray	\$101	\$0
Four Bitewing X-rays	\$53	\$0
Prophylaxis (cleaning)	\$88	\$0
Total	\$315	\$0

<u>Each Subsequent 6 month Visit</u>	<u>with Plan</u>
Periodic exam	\$51
Four Bitewing X-rays	\$53
Prophylaxis (cleaning)	\$88
Total	\$192