## In Office Dental Plan

## **New Patient**

	New rations	
Name:	Email:	DOB
	Additional Members	
Name:	Email:	DOB
Name:	Email:	DOB
Name:	Email:	DOB
	Basic Plan	
	New Patient Exam with Xrays *	
	2 Healthy Cleaning Visits with Xrays	
	1 Emergency Visit with Xray	
	1 fluoride treatment	
	+10% off any other Treatment	
	\$399	
	Value	
	\$669	
	Additional Family Members	
	\$249	
	No Maximum	
	No Deductible	
	No Waiting period	
	Could be Tax Deductible	
*includes full series/pan	orex radiographs	
The "Fine Print"		
Should there be dental treatment needed following discounted plan cannot be used.  Non-refundable and Non-transferable Any "unused" benefits cannot be refunded, credit	urance.  e, if you are referred to a specialist, they will NOT offer this discount.  ng any type of injury where a lawsuit and therefore outside medical, car, disability o  ted or carried over.	
All payments are due AT TIME OF SERVICE to rece	llment.	vill be billed at the usual, higher fee. half due to merchant fees.

Signature:\_