



Dental Discount Plan

Effective Date: _____

Membership in our Discount Dental Plan is available to all patients. After payment of an annual fee, members will receive the following:

2 Regular Dental Check-Ups:

Exam	Digital X-Rays (if necessary)
Dental Cleaning	Oral Cancer Screening
Oral Hygiene Instruction	TMJ Screening
Periodontal Evaluation	Fluoride

Unlimited Emergency Visits:

Problem Focused Exam
Single X-Ray (if necessary)

*If it is deemed necessary by your dental hygienist to be seen for more than 2 cleanings per year, especially in the case of Perio Maintenance the 3rd and/or subsequent cleaning will be paid out of pocket by you at a 15% discount.

15% Discount Off Our Usual and Customary Fee:

A treatment plan will be provided in writing for all recommended procedures displaying the regular fee and the discounted rate. Discount is **not** applied to CT Scans or implant placement.

**No Waiting Periods/ No Claim Forms/ No Restrictions on Treatment/
No Pre-Determinations Necessary/ No Age Limitations**

Prices:

Adult:	\$405/year
Child:	\$305/year (16 years and under)

Coverage is in effect for one year. Coverage begins when membership has been paid in full. Appointment times are limited, and it is the responsibility of the member to schedule appropriate visits.

Dr. Herald and his team have reviewed my Dental Discount Plan. I have had the opportunity to ask questions and I fully understand my plan.

Patient name: _____

Patient Signature: _____