



PATIENT LOYALTY PROGRAM

WHAT TO EXPECT

- No yearly maximum
- No waiting periods
- No pre-existing condition
- Affordable care
- Access to top tier dental care
- Effective for one year

BENEFIT PREMIUMS

- **\$435** / Adult Single Plan
(12 & up)
- **\$410** / Additional Adult Plan
(12 & up)
- **\$375** / Child Single Plan
(11 & under)
- **\$345** / Additional Child Plan
(11 & under)

- **\$1,515** / Family Plan (4)
(all ages)
- **\$310** / + Additional Person
(with family plan, any age)

Perio Combo

- **\$800** / Adult + Perio Plan (4 yr)
- **\$670** / Adult + Perio Plan (3 yr)

ADD THE PERIO LOYALTY PLAN

For just \$365 x (4) OR \$235 x (3)

Perio Maintenance (4x year).....	100%
Perio Maintenance (3x year).....	100%

DIAGNOSTIC & X-RAYS & PREVENTIVE

Comprehensive Exam.....	100%
Periodic Exam (2x year).....	100%
Bitewings (1x year).....	100%
Periapical, image.....	100%
Periapical, additional images.....	100%
Panoramic image 1/5 years.....	100%
Adult/Child Prophylaxis (2x year)....	100%
Fluoride (1x year).....	100%

ADDITIONAL DISCOUNTS

Fillings.....	15%
Sealants.....	15%
Root Canals.....	15%
Crowns.....	15%
Extractions.....	15%
Scaling/Root Planing/Full Debride....	15%
Implants.....	15%
Dentures.....	15%

EXCLUSIONS & LIMITATIONS

- Must be in same household
- Not with any other dental/ medical benefit plan
- No coverage with workers comp cases
- No coverage at specialty offices you are referred to
- Cancellation policy fee still applies
- No in office financing plans can be used

A LOYALTY PLAN THAT WILL REALLY SAVE YOU MONEY!

Plan	Cost	Savings
Family (4)	\$1,515	\$595
Adult Single	\$435	\$110
Child Single	\$375	\$190
Adult + Perio	\$800	\$265

EMERGENCY EXAM VISITS & X-RAYS

- Just \$49

- **ADD** to Any Family Plan

Enjoy unlimited visits for your whole family during the year, with priority same day booking. Includes exam and all x-rays needed.

SIGN UP HERE!

ADD – Perio Plan Adult Plan
 Family Plan Child Plan
 Name: _____

ADD – Perio Plan Adult Plan
 Family Plan Child Plan
 Name: _____

ADD – Perio Plan Adult Plan
 Family Plan Child Plan
 Name: _____

ADD – Perio Plan Adult Plan
 Family Plan Child Plan
 Name: _____

ADD – Perio Plan Adult Plan
 Family Plan Child Plan
 Name: _____

ADD – Perio Plan Adult Plan
 Family Plan Child Plan
 Name: _____

SIGNATURE BELOW:

PAID: \$ _____

DATE EFFECTIVE: _____ **TO** _____