



Dental Membership Program

\$450 a year-ADULT

\$400 a year-CHILD

Save thousands of dollars a year with our Dental Membership Program – A perfect solution for individuals and families without dental insurance.

Our Savings Program is designed to provide greater access to quality dental care at an affordable price.

Benefits Include:

- Initial Exam and Radiographs (All x-rays needed to complete annual exam)
- (2) Regular Dental Cleanings per year (in absence of periodontal disease, however, if periodontal disease is present, please see Periodontal Membership Program)
- Complete Annual Dental Exam (maximum of 1-2 per year, scheduled exams – non emergency)
- (2) Free Emergency Exam
- Complementary Consultation for Restorative Procedures
- 15% Savings on All Restorative Procedures (includes: Fillings, Root Canals, Simple Extractions)
- 15% Savings on All Major Procedures (includes: Crowns, Dentures, Bridges, Partials and Surgical Services in this office)
- 15% Savings on Cosmetic Treatments (includes: Veneers, Cosmetic Crowns and Zoom! In-Office Whitening)
- 10% Savings on Dental Implants
- 10% Savings on SureSmile Clear Braces

Program Guidelines:

- Patient portion of bill is due at time of scheduling
- Cannot be used in conjunction with another dental plan or dental insurance
- Date of purchase will be patient's effective date
- No refunds of premiums will be issued if participant decides not to utilize dental plan
- This plan cannot be used at any other office, nor a referral to a specialist or hospital
- Memberships are not transferable

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L.C. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. This plan is accepted at the dental practice where you purchased the plan. If unused, you may cancel within the first 14 days after receipt of membership materials or the effective date, whichever is later, and receive a full refund.

Patient: _____

Date:

Signature: _____

Additional members:
