

Patient Name: \_\_\_\_\_

Plan Contract Month: \_\_\_\_\_ to \_\_\_\_\_

## Dental Savings Plan Contract

<input type="checkbox"/> <b>Preventative Plan Adult</b> <b>\$ 498</b>	<input type="checkbox"/> <b>Periodontal Plan Adult</b> <b>\$ 749</b>	<input type="checkbox"/> <b>Periodontal Plan Adult</b> <b>\$ 899</b>
<ul style="list-style-type: none"> <li>• 2 Adult Prophylaxis (cleaning)</li> <li>• 2 Fluoride Treatments</li> <li>• 2 Periodic Exams</li> <li>• 1 Check-up X-rays</li> </ul> <p style="text-align: center;"><b>PLUS</b></p> <ul style="list-style-type: none"> <li>• 1 Emergency Exam &amp; X-rays</li> <li>• 20% off Dental Services w/ cash or credit card</li> <li>• 10% off Dental Services w/ office's 3rd party financing</li> </ul>	<ul style="list-style-type: none"> <li>• 3 Periomaintances</li> <li>• 2 Fluoride Treatments</li> <li>• 2 Periodic Exams</li> <li>• 1 Check-up X-rays</li> </ul> <p style="text-align: center;"><b>PLUS</b></p> <ul style="list-style-type: none"> <li>• 1 Emergency Exam &amp; X-rays</li> <li>• 20% off Dental Services w/ cash or credit card</li> <li>• 10% off Dental Services w/ office's 3rd party financing</li> </ul>	<ul style="list-style-type: none"> <li>• 4 Periomaintances</li> <li>• 2 Fluoride Treatments</li> <li>• 2 Periodic Exams</li> <li>• 1 Check-up X-rays</li> </ul> <p style="text-align: center;"><b>PLUS</b></p> <ul style="list-style-type: none"> <li>• 1 Emergency Exam &amp; X-rays</li> <li>• 20% off Dental Services w/ cash or credit card</li> <li>• 10% off Dental Services w/ office's 3rd party financing</li> </ul>

**DISCOUNTS ON ALL PROCEDURES\***

Fillings.....20%	Crowns.....20%
Implants.....20%	Dentures.....20%
Whitening.....20%	Oral Surgery.....20%
Root Canals.....20%	Scaling & Root Planning.....20%

\*Excludes any products, orthodontics, & discounted services.

\*Discount is 10% when utilizing office's 3rd party financing.

**Total Cost:** \_\_\_\_\_

<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
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**By signing below I agree to pay the plan premium in full. I understand the following program exclusions:**

This program is a discount plan, not a dental insurance plan. It cannot be used: **a)** At any office other than Gateway Oaks Dental. **b)** In conjunction with another dental plan, **c)** For services for injuries covered under workman's compensation, **d)** For treatment which, in sole opinion of the treating dentist or doctor, lies outside the realm of their capability, **e)** For referrals to specialists, **f)** For hospitalization or hospital charges of any kind, and **g)** For costs of dental care which are covered under medical insurance.

**Additionally, I understand the following program guidelines:** **a)** This plan is NON-REFUNDABLE. No refunds or premiums will be issued at any time if participant decides not to utilize dental plan, **b)** This plan automatically renews with prior notice on anniversary date. A \$50 reinstatement fee applies if your plan lapses, **c)** Patient's portion of bill is due day of service, **d)** This plan is a contract for services to be completed during the enrollment period and these services cannot be carried over to the next year, **e)** A scheduled appointment is a commitment between you, the Doctor or Hygienist. "We reserve this time just for you. We understand life happens and we do take that into consideration. If you can't fulfill your scheduled appointment, a 2-business days notice is required. **f)** If you cancel or no show to appointment with less than a 2-business days notice, one frequency of your cleaning may be forfeited. **g)** Program is not transferrable, and only the person listed on this contract is allowed to use this plan and its benefits. **h)** No additional discounts may be used when using this plan. Office's 3rd party financing may not be available for use in certain situations.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_