

Dental Maintenance Plan

Annual Enrollment Fee: \$327.00

What is included:	Initial Exam & X-rays	(Valued @ \$ 204.00)
	Regular Cleaning	(Valued @ \$ 79.00)
	6 th Month Cleaning with Exam	<u>(Valued @ \$ 126.00)</u>
		\$ 409.00 Total Value

Additional Value:

This enrollment fee also includes a **20% discount on all services completed within 12 months** of enrollment with no annual limits.

For **each additional family member** added to the plan, there is only a **\$ 200.00 annual enrollment fee**.

*Enrollment fees are non-refundable after payment is made. If you have been diagnosed with periodontal disease, and require periodontal scaling *or* periodontal maintenance this will NOT be covered at 100%, but will however be eligible for the 20% discount. This discount plan can not be used in combination with Care Credit or Chase Health Advance.

Patient Name Date

Signature Date

Employee Witness Date

Enrollment Start Date Enrollment End Date