



Included Benefits

- Exams Individual Plan = **\$29.75/month** (\$357/year)
- Cleanings Family Plan = **\$70.00/month** (\$840/year)
- Topical Fluoride
 - 2 Adults and 2 children
- Periodontal Evaluations
 - Age 20 and younger = child
- Radiographs and other Imaging
- 15% off all treatment Add Child = **\$15.00/month** (\$120/year)

Explanation of Benefits

- **Exams:** All necessary examinations are covered (new patient exams, comprehensive exams, periodic exams, limited exams, emergency exams, post-op exams, etc.).
- **Cleanings:** All necessary cleanings are covered (adult prophy, child prophy, scaling and root planning [SRP or “deep cleanings”], gingival debridement, etc.). If additional dental cleanings are requested but are not clinically necessary, the member of the Dental Savings Plan will be responsible to pay the fee for the extra treatments, discounts will be applied.
- **Topical Fluoride:** Varnishes and foam applications as often as are clinically needed.
- **Periodontal Evaluations:** Gingival probing for assessment of periodontium [gums] as often as is clinically necessary.
- **Imaging:** All necessary radiographs [x-rays] and other imaging are covered that are produced at the clinic (including bitewing, PA, Pano, FMX, CBCT, intraoral pictures, etc.).
- **15% Discount** on patient portion of procedure/treatment fees. “Patient portion” means the amount of the bill for which the patient is responsible outside of any insurance payments and deductions.

I authorize Big Heart Family Dentistry to keep my payment information on file and submit a debit to my credit or debit card every month for 12 months starting on _____ for the amount of \$_____. The plan will automatically renew after the initial 12-month period has ended; the fee being applied to the debit/credit card info on file on a monthly basis.

In exchange for my monthly membership fee, Big Heart Family Dentistry commits to provide the enumerated benefits listed above to myself and/or my family members included in the Dental Savings Plan. Big Heart Family Dentistry, will make every reasonable effort to make contact, schedule, and complete needed treatment, especially routine hygiene procedures while my membership is in effect but will not be held liable for lapse of benefits if unsuccessful. This agreement expires after 12 months and automatically renews continually on a month-to-month basis. I am permitted to contact the clinic to cancel the plan at any time after the initial 12-month period, but will not be able to participate in the Dental Savings Plan again for 3 years. No refunds are given for cancelled plans during the initial 12-month period.

*** Members of the Dental Savings Plan who do have dental insurance will have their insurance(s) billed first for benefits that are covered by the Dental Savings Plan as well as other needed procedures. Should a conflict arise where the patient owes a greater amount out-of-pocket due to exhausted insurance benefits, the difference will be appropriately discounted to ensure the patient does not owe more than they would have for treatment before becoming a member of the Dental Savings Plan.

Signature

Date

Card Number

Exp Date

CVV

Please print the names of all participating members in the Dental Savings Plan (age 20 and younger = child):
