

# Big Heart Family Dentistry

## Dental Savings Plan

### Included Benefits:

- Exams
- Cleanings
- Topical Fluoride
- Periodontal Evaluations
- Imaging
- 10% off all treatment
- Additional 5% off all treatment for prompt payment

### Explanation of Benefits:

- **Exams:** all necessary exams are covered (new patient exams, comprehensive exams, periodic exams, limited exams, post-op exams, etc.)
- **Cleanings:** all necessary cleanings are covered (adult prophy, child prophy, scaling and root planing [aka SRP], gingival debridement, etc.) If additional dental cleanings are requested but not clinically necessary, the member of the dental savings plan will be responsible to pay the full fee for these 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 X-rays are covered that are produced at the clinic (including bitewings, PAs, Pano, CMS, etc)
- **10% discount** on patient portion of procedure/treatment fees. "Patient portion" means the amount for which the patient is responsible outside of any insurance payments and deductions.
- **5% prompt payment discount** on patient portion of procedure/treatment fees if payment received by/on the day of treatment, which can be combined with the above 10% discount for a total of 15% off.

I authorize Big Heart Family Dentistry, PLLC, 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 option to pay off the remaining 12 month balance or make more frequent payments is available to me to exercise at any time. In exchange for my monthly membership fee, Big Heart Family Dentistry, PLLC, 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, PLLC, 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 contract expires after 12 months and reauthorization is needed to maintain benefits.

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 insure the patient does not owe more than they would have for treatment before becoming a member of the Dental Savings Plan.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV (security code on backside of card): \_\_\_\_\_

Please print the names of family members included in Dental Savings Plan (age 18 and younger = child):

_____	_____
_____	_____
_____	_____
_____	_____