

## VIP Dental Plan

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

Welcome! We are glad to have you as part of our practice and trust that our relationship will be long lasting. Our staff will do everything to make your visits as comfortable and convenient as possible.

Applicant's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Annual Fee: \$199**

Registration Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

(One year from registration)

**The VIP Dental Plan includes the following services and benefits:**

Two (2) periodic exams per registration period

Two (2) cleanings per registration period

Two (2) oral cancer screens

Annual bitewings / fluoride treatments

- Adults: four X-ray films per year; no fluoride treatment
- Children: two X-ray films per year plus one fluoride treatment

15 – 25% discount off of any additional recommended dental treatment

- 15% discount off dental procedures with an outside lab fee
- 20% discount off non-cosmetic dental procedures without a lab fee
- 25% discount off of cosmetic procedures

Services are offered for twelve (12) consecutive months from the registration date. Plan goes into effect upon receipt of full payment. Partial reimbursements cannot be made for services that are not utilized. Unutilized services cannot carry over into following years. All other dental services must be paid for at the time of service.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member Signature