



## Rocktown Family Dental Care's Dental Plan

Not everyone is lucky enough to have an employer that provides dental insurance for them. We have given this problem a lot of thought and have decided to implement a DISCOUNTED DENTAL PLAN so people can get the care they need at a reduced rate.

**NO ANNUAL MAXIMUMS~NO DEDUCTIBLES~NO WAITING PERIOD~NO  
PREAUTHORIZATION~NO WONDERING IF INSURANCE WILL PAY  
COSMETIC DENTISTRY IS INCLUDED**

### **MEMBERSHIP BENEFITS:**

#### ***2 Regular Dental Check-ups:***

Exam	Digital x-rays (as needed)
Periodontal Evaluation	Oral Cancer Screening
Dental Cleaning or Periodontal Maintenance Cleaning*	Oral Hygiene Instruction

\*This plan only includes 2 periodontal maintenance visits

\*Any additional maintenance visits will be at the 20% discount

#### ***Unlimited Emergency Visits:***

Problem Focused Exam  
X-rays as needed

#### ***20% Discount On Treatment:***

A treatment plan will be provided in writing for all recommended procedures. Treatment plan prices are only guaranteed for one year, as our prices periodically increase. The 20% discount is good for a year, and if you renew your membership, you will continue to be eligible for the discount currently offered through the plan. Treatment must be paid in full at the time services are provided.

### **ANNUAL COST:**

Individual cost is \$299/year

Additional family members are \$199/year

The Effective Date is the day you sign up, and the Renewal Date is the same every year

**Disclaimers**

THIS IS NOT DENTAL INSURANCE—IT IS A DENTAL DISCOUNT PLAN

The plan cannot be combined with Dental Insurance or other offers

The plan does NOT include treatment using Botulinum Toxin, Dermal Fillers, or Trigger Point Injections

The balance must be paid in full when services are rendered for the discount

If treatment is due to injury with litigation, disability, or workman’s comp, the discount does not apply

We may periodically need to refer patients to specialists when treatment is beyond the scope of this practice and the specialists WILL NOT honor the discount.

If patient elects to use financing programs (e.g. Care Credit), discount is 15% due to merchant fees

The plan is subject to change yearly

Broken Appointment Fees do not receive the 20% discount

NO REFUNDS GIVEN IF PATIENT CHOOSES NOT TO USE THE DENTAL PLAN

Coverage is in full effect for one calendar year. Coverage begins when membership has been paid in full. Members will be notified one month prior to membership renewal. Appointment times are limited, and it is the responsibility of the member to schedule appropriate visits.

The team at Rocktown Family Dental Care has reviewed this Dental Discount Plan with me. I have had the opportunity to ask questions and I fully understand my plan.

Patient name: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_