

In-Office Dental Benefits Membership Plan

No Insurance? No Problem!

The “No Problem” Plan

- No high costs
- No claim forms
- No deductible
- No annual maximums
- No waiting periods
- No limitations on pre-existing conditions

Your Entire Family Is Eligible

- You may enroll your spouse and eligible dependents.
- Eligible dependents include your unmarried children to age 23.

Treatment you need, at prices you can afford.

Our goal is to help you make your dental visits more affordable so you can get the quality dental care you want and need. Our very own in-house plan will provide you with tremendous savings. This reduced-fee dental plan allows individuals or families to receive all the available dental services at Midlothian Dental Arts for a percentage discount off the office’s regular fees.

Membership

Once the annual fee is paid and received for the membership program, you will be entitled to discounted-fee dental services for 12 months. Members, spouses and dependent children under age 19 or full-time students up to 23 years of age are eligible. Children may be members only as dependents of family members.

The Membership Includes:

- (2) Exams and cleanings (prophylaxis-once every six months, twice per calendar year)
- (1) X-rays (4 bite-wings, 2 pa’s – once every 12 months)
- (2) Fluoride treatments for children (under the age of 19 – once every six months)
- **plus-15% Discount on all dental services**
- (Excludes: Cosmetic Services, Implants & Invisalign)

Savings

- **The above services without this plan would cost approximately \$500!**

Low Annual Fee

- Member - \$325.00
- Each Additional Member - \$150.00

***cannot be combined with Care Credit**

Coverage Begins on the Day you register
Please fill out the form below

Member Name: _____

Address: _____

Phone: _____

Email: _____

Dependents

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Enrollment Period

_____ To _____

Card Number: _____

Expiration Date: _____ CVC: _____

Signature of Member: _____

Date: _____

Witness: _____