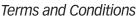
## Boschetti Dental Membership Plan





We are excited to offer this Membership Plan to our patients without dental insurance. No deductibles or annual maximums. Enroll today and your benefits begin immediately!

This is not an insurance plan or product and is only for patients without dental insurance. It cannot be used for injuries covered under workman's compensation or for dental care costs covered under automobile or medical insurance.

**The benefits offered under this plan are only available at Boschetti Dental.** Coverage under this plan is for one year from the date enrolled. Payment for the one-year membership plan must be paid in full at the time of enrollment. There is no reimbursement for early termination by patient, or if preventative services are not completed by patient. Unused benefits cannot be carried over to the next plan year. Membership benefits are not transferrable, have no cash value, and may not be redeemed for cash.

## Payment

- Treatment plan will be provided in writing for all recommended procedures, with a breakdown of the regular and the discounted fee.
- Fees for dental services are due day of appointment and before services are rendered If full payment is not received at the time of service, fee discount will be void.
- If patient elects to use any third party discount payment plan like Care Credit, no additional membership discount applies.

## Discount

- Courtesy discounts cannot be combined.
- The courtesy discounts can only be used with dental services, not products offered such as electric toothbrushes.

## Other

- Membership fee may be adjusted annually.
- Please contact the office to discuss an individualized Family Plan.

Adult Complete \$457 (savings of \$221) 2 Prophylaxis (Cleanings) 1 Regular Exam 2 Oral Cancer Screenings 4 Bitewing digital x-rays 1 Emergency Exam	Child Complete (up to 12 years old) \$480 (savings of \$260) 2 Prophylaxis (Cleanings) 1 Regular Exam 2 Fluoride Treatments 4 Bitewing digital x-rays 1 Emergency Exam		Child Complete (13-17 years old) \$588 (savings of \$262) 2 Prophylaxis (Cleanings) 1 Regular Exam 2 Fluoride Treatments 4 Bitewing digital x-rays 1 Emergency Exam		Periodontal Plan \$824 (savings of \$258) 4 Perio Maintenance (does not include Deep Scaling and Root Planing) 1 Regular Exam 2 Oral Cancer Screenings 4 Bitewing digital x-rays 1 Emergency Exam	
Diagnostic & X-rays Comprehensive Exam (new patient initial exam) Periodic Exam (1 per year) Complete Series Bitewings (1 per year) Periapical Films (as needed) Oral Cancer Screening Emergency Exam (1 per year)	Discount 100% 100% 100% 100% 100%	2 per year Child Prophy 2 per year	ylaxis (cleaning) ylaxis (cleaning) ild-2 per year)	Discount 100% 100% 10% 10%	Restorative Services* Filings Core Build Ups Crowns Veneers Dentures <b>Specialty Services*</b> Orthodontics Periodontics Endodontics Endodontics Root Canal Therapy Implants Oral Surgery Deep Scalings Whitening Services Night Guards Sleep Apnea Appliances	Discount 10% 10% 10% 10% Discount 5% 5% 5% 5% 5% 5% 5% 5% 5% 5%

\*Not to be combined with any paid in full discount

Patient Si	gnature
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Print Name

Date