Cary Implant Dental Savings Plan

What is our Dental Savings Plan all about? Ultimately, it is a program for those patients who have no dental insurance coverage to receive discounted dentistry without the hassles of traditional dental insurance. Our main concern is making sure you have the best possible oral health and appearance, which is a critical factor in your overall health and well-being. We care about our patients, and that is why we are making it more affordable, while continuing to provide high-quality and efficient care.

How much does it cost?

- Adult: $439 per year ⟶ A Savings of $476!
- Adult Periodontal: $639 per year ⟶ A Savings of $804!
- Children: $239 per year ⟶ A Savings of $186!

What is included in my annual membership?

- Children:
  - **Benefits**
    - Bitewing X-rays
    - Periapical X-rays
    - Periodic exams
    - Fluoride
    - Dental cleanings
- Adult
  - **Benefits**
    - Comprehensive exam
    - Periodic exams
    - Full X-ray series
    - Emergency Exam
    - Fluoride
    - Dental cleanings
- Adult Perio
  - **Benefits**
    - Comprehensive exam
    - Periodic exams
    - Full X-ray series
    - Emergency exam
    - Fluoride

- Perio maintenance
- Dental cleanings

DISCOUNT PLAN FOR $439	
Service/Discount	**Included/Discount (%)**
1 Comprehensive Exam	Included
1 Annual Exam	Included
1 Emergency Exam (any time during the year)	Included
2 Cleanings (non-periodontal-based)	Included
2 Oral Cancer Screenings	Included
2 Fluoride Tooth Desensitizing Treatments	Included
4 Bitewing X-rays	Included
Any Individual X-rays needed throughout the year	Included
Panorex or Full Mouth Series of X-rays	Included
CT (3D imaging) scans	50% OFF
Deep Cleanings (SRP)	20% OFF
Clear Orthodontic Aligners	$1,000 OFF
Teeth Whitening	$325
Dental Implant	15% OFF
All Other Dental Treatment	15% OFF

What are my responsibilities as a member?

- Entire membership fee must be paid up front and is valid for 12 months
- Membership fee is non-cancellable and non-refundable
- To receive discounts on treatment, treatment fee must be paid in full on the day of service, no exceptions.
- Failure to show or cancellation of a scheduled dental cleaning appointment without the required 48–hour notice will count as one of your dental cleaning occurrences and cannot be made up

Limitations and Exclusions

- Any treatment, which cannot be performed because of the general health and physical limits of the eligible Member, as indicated by said Member's personal physician or our dentists.
- Any dental procedure considered experimental.
- Dispensing of drugs.

- Any treatment paid for by Worker's Compensation or employer's liability laws, by a federal or state government agency or other insurance coverage carried by the Member.
- The administration of general anesthesia, oral conscious sedation, or nitrous oxide.
- Any dental care in which you are referred to a specialist.
- Our office will have the right to refuse treatment to a Member who fails to follow a prescribed course of treatment.
- Any dental treatment started prior to the Member's effective date for eligibility of benefits, including but not limited to teeth prepared for crowns, root canals in progress and orthodontics.
- Exclusions and treatment fees are subject to change without notice.
- If you acquire and use ANY 3rd party insurance plan during the 12-month contract period, this membership cannot be used and is non-refundable
- Periodontal Disease Deep Cleanings (SRPs) are not included in the annual fee, however are offered at a discounted price in the Dental Plan
- The Dental Savings Plan is only valid at Cary Implant and General Dentistry.
- This plan is non-refundable and non-cancelable and is only valid for 12 months during regular business hours at Cary Impland and General Dentistry

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Cary Implant Dental Savings Plan Registration

Last Name_____ First Name_____ MI_____

Home Address_____
City_____ State _____ Zip Code_____

Phone #_____ Work Phone #_____

Email address_____ Birth Date_____
Employer_____

Plan type: Adult ($299) _____ Child ($263)_____ Perio ($462) _____ Total $_____

Additional Family Members	Birthdate	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Select Method of Payment

Circle one: Visa Mastercard Discover AmEx Debit Card Cash Check #_____

Charge Card Information:

Card #:_____ Expiration Date: _____ 3-digit code:_____

I understand the benefits, limitations, exclusions, and requirements of the plan. Fees for dental services are due as the services are rendered. Failure to comply will result in my being charged the usual and customary fees for those services. Failure to show or cancellation of a scheduled dental cleaning appointment, without the required 48-hour notice, will count as one of your dental cleaning occurrences and cannot be made up. Fees are nonrefundable. If any 3 rd party insurance is acquired and used during the 12 month contract period, this membership cannot be used and is non-refundable.

Signature: _____ Date_____

FOR OFFICE USE:

Membership Start Date_____ Membership End Date_____