



WARNER PARKS
FAMILY DENTAL

DR. BOB WILSON, DMD, FICOI

Membership Plans

Save over \$100!

Our membership plans are designed for patients who do not use dental insurance. Patients with our membership pay an annual fee directly to the practice for preventive care and discounts on restorative treatment, dental products, and whitening treatments.

ADULT PLAN

For a value of \$567 you pay \$453 = 20% OFF

- 2 Adult Dental Cleanings per year
- 2 Oral Exams, one Comprehensive and one Periodic (Hygiene), or two Periodic
- Periodontal Evaluation
- Oral Cancer Screening
- Annual Bitewings
- Intraoral Camera Exam
- **10% off all other services**

PEDIATRIC PLAN

For a value of \$617 you pay \$493 = 20% OFF

- 2 Child Cleanings per year
- 2 Oral Exams per year, one Comprehensive and one Periodic (Hygiene), or two Periodic
- 2 fluoride treatments per year
- Annual Bitewings
- Periodontal Evaluation
- Oral Cancer Screening
- Intraoral Camera Exam
- **10% off all other services**

TERMS AND CONDITIONS:

“2 Free Cleanings” is defined as a routine adult prophylaxis procedure. This plan does not include scaling and root planning, perio-maintenance scaling in the presence of gingival inflammation, or full mouth debridement. However, these procedures will receive a discount of \$131, limited to twice a year. After the two initial cleaning services are completed, any additional periodontal services are 10% off.

It is the sole responsibility of the member to maximize benefits by arranging the appropriate appointments within the 12-month membership period.

Payment is due on the initial sign-up date.

Membership is effective on the day on which payment is received and expires on the same date 12 months later.

This plan is NON-REFUNDABLE.

This membership cannot be used in conjunction with any other dental plan, offers, or insurance.

This plan is only covered at the office of Warner Parks Family Dental.

Renewing the membership within an active membership plan does not include 10% off.

Membership rates may be reviewed and adjusted on an annual basis without notification.

Please check here to auto renew after your current plan expires. You may be subject to a price increase without notice. Checking this box, you are authorizing us to charge your credit card on file at the new annual rate.

I do not want to auto-renew. Please contact me before renewing.

I agree to the terms of the contract for this plan.

Signature: _____

Date: _____