

# Membership Plan ~ Healthy Adult

### Healthy Adult Plan \$525/year

Your Plan Includes (Per patient, per year)

- 3 Exams total for your year (2 periodic + 1 limited/emergency)
- 2 Cleanings
- 1 Panoramic x-ray
- 1 Set of bite-wing x-rays
- 2 Additional Periapical x-rays
- 15% Discount on any additional treatments

#### Example:

*1st Cleaning Adult Cleaning = \$133	*2nd Cleaning Adult Cleaning = \$133	*Emergency Appointment Limited Exam = \$118
Periodic Exam = \$81	Periodic Exam = \$81	Periapical x-ray = \$44
Totals = \$214	Bitewing X-rays = \$92	Totals = \$162
	Totals = \$306	

\*Value for all 3 anticipated appointments = \$682

Patient Nam	ıe:		
Signature: _		Date:	





# Membership Plan ~ Healthy Child

## Healthy Child Plan \$525/year

Your Child's Plan Includes (Per patient, per year)

- 3 Exams total for child's year (2 cleanings + 1 emergency exam)
- 2 Cleanings
- 1 Panoramic x-ray
- 1 Set of bite-wing x-rays
- 2 Additional Periapical x-rays
- 15% Discount on any additional treatment needed

#### Example:

1st Cleaning	2nd Cleaning	Emergency Visit		
Child Cleaning = \$99	Child Cleaning = \$99	Limited Exam = \$118		
Periodic Exam = \$81	Periodic Exam = \$81	Periapical X-ray = \$44		
Fluoride = \$59	Fluoride = \$59	Total = <mark>\$162</mark>		
Total = <mark>\$239</mark>	Bitewing X-rays = \$92			
	Panoramic X-ray = \$167			
	Total = <mark>\$498</mark>			
*Value of 3 anticipated appointments = \$899				
Patient Name: Guardian Name:				
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# Membership Plan ~ Periodontal Maintenance

## Adult Periodontal Plan \$725/year

Your Plan Includes (Per patient, per year)

- 3 Exams total for your year
- 3 Periodontal Maintenance Cleanings
- 1 Panoramic x-ray
- 1 Set of bite-wing x-rays
- 2 Additional Periapical x-rays
- 15% Discount on any additional treatment needed

Example:			
*1st Maintenance Appt	*2nd Maintenance Appt	*3rd Maintenance Appt	
Cleaning = \$194	Cleaning = \$194	Cleaning = \$194	
Periodic Exam = \$81	Periodic Exam = \$81	Totals = \$194	
Totals = <mark>\$275</mark>	Bitewing X-rays = \$92		
	Totals = \$367		
*4th Appointment			
Limited / Emergency Exc	am = \$118		
Periapical X-ray = \$44			
Total = <mark>\$162</mark>	*Value for 4 anticipated appointments = \$998		
Patient Name:			
Signature:	Date:		
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