

SANDIA HEIGHTS

DENTAL CARE

MY DENTAL PLAN is exclusively for patients of Sandia Heights Dental Care.

Here are some things you need to know about MY DENTAL PLAN:

- Benefits of MY DENTAL PLAN include:
 - *no deductible*
 - *no maximums*
 - *no exclusions for pre-existing conditions*
 - *no waiting periods*
- **Benefits cannot be used with any other discount plans, insurance, worker's compensation, reimbursement or similar programs.**
- Benefits are provided on a yearly basis from the sign date and are not carried over to the next year after the membership anniversary date, no exceptions can be made.
- If you have indications of periodontal disease, you will need a periodontal maintenance cleaning instead of a standard preventative cleaning; your preventative cleaning cost which is included in MY DENTAL PLAN and will be applied toward your periodontal maintenance cleaning and the remaining balance is paid out of pocket.
- Some services may not be performed due to the general health, physical or psychological issues of the patient.
- Patient non-compliance with a recommended course of treatment may impact the services provided.
- Charges not included in the Membership Fee are due at the time of service.
- ***Tax will be charged in addition to the Member Cost listed below for all additional services outside of what is included in the initial membership.***
- The Membership Fee is non-refundable even if patients have not used the included services.

Membership Fee

\$380 per twelve-month period for each patient member

The Membership fee includes one exam, one fluoride treatment, one set of complete x-rays and two preventative cleanings. If a Periodontal Maintenance cleaning is needed, patient will receive the value of a preventative cleaning and pay the difference.

Additional Services

Any additional services needed will be treatment planned for you with the benefit included in the MY DENTAL PLAN fees.

My signature indicates that I agree with the terms of My Dental Plan (\$380 + state tax)

Patient Name Printed

Patient Signature (Signature of Parent or Guardian if Patient is Minor)

Date

Welcome to the MY DENTAL PLAN family!