

Dental Savings Plan Contract

Our Dental Savings Plan is one (1) year contract, starting from the date of signed contract between patient and Graham Family Dental. This savings plan has been designed as a courtesy to help meet the needs of our patients that do not have the benefit of dental insurance or limited coverage.

Annual Membership Benefits Include:

- 2 Dental Cleanings – **Excluding Scaling and Root Planning (Deep Cleaning)**
- 2 Dental Examinations
 - 1 Periodic Exam during cleaning
 - 1 emergency exam (if needed)
- X-Rays (Bitewing x-rays 1 set yearly)
- X-Rays (Two Periapical x-ray)
- 1 Oral Cancer Screening and 1 Fluoride Treatment
- **5-15%** courtesy discount on all dental treatment provided at Graham Family Dental within the 12 months of enrollment. **(Offer excludes Lab fees)**

Cost:

- 1st Adult Family Member- \$325.00 (\$695 Value)
 - Spouse/Significant other/child 14-21 pays = \$270.00
 - Children (age 13 and younger) \$210.00
- **Payment of the above fees will be due in full when contract is signed**
- **No refunds will be given for unused services**

Registration:

Name (printed): _____ Date of Birth: _____
Name (printed): _____ Date of Birth: _____
Name (printed): _____ Date of Birth: _____
Name (printed): _____ Date of Birth: _____
Name (printed): _____ Date of Birth: _____

I/ we have read and understand the above contract and agree to all conditions and terms. (Received a copy of Dental Savings Plan “How It Works”)

Patient Name: (Printed) _____

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Enroll Date: _____

Renewal Date: _____