

AZALEA ROAD DENTAL

659 Azalea Road
Mobile, AL 36609
251.666.1310

In Office Dental Savings Plan

In an effort to encourage good dental health and alleviate rising dental costs, we have developed an "In-House" Dental Insurance Plan for our patients who do not have dental insurance or find that our plan costs less than their current dental coverage. Since nearly all dental insurance plans require group participation to get any type of price reduction, individuals and families seeking dental insurance on their own often find it too expensive to even consider. Our dental insurance plan provides a wide scope of benefits at an affordable price to help minimize the cost of your dental care.

Adult Program: \$315 (Initial payment \$115 up front \$20/month)

Additional Family member \$300

15% off all other services (excludes products & whitening)

The Adult Program includes:

- Routine Cleanings (2 per year)
- Check-up X-Rays (1 per year)
- Adult Periodic Exams (2 per year)
- Fluoride Treatment (1 per year)
- Oral Cancer Screening (1 per year for patients over 40 years old)
- Panoramic x-ray (1 per 5 years)
- 15% off all other dental procedures

Adult Periodontal Program: \$425 (Initial payment \$175 up front \$25/month)

Additional Family member \$385

15% off all other services (excludes products & whitening)

The Periodontal Program includes:

- Periodontal Maintenance Cleanings (4 per year)
- Adult Periodic Exams (2 per year)
- Check-up X-Rays (1 per year)
- Fluoride Treatment (1 per year)
- Oral Cancer Screening (1 per year for patients over 40 years old)
- Panoramic x-ray (1 per 5 years)
- Comprehensive Periodontal Charting
- 20% off all other dental procedures

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Benefits and Provisions of the In-House Dental Savings Plan

- No Annual Deductible
- No Annual Maximums
- No Preauthorization's Required
- No Waiting Period or Eligibility Periods for Major Treatment
- No Missing Tooth Clause Restrictions or Exclusions
- Annual Enrollment Fee for each family member is non-refundable.
- Enrollment Date begins on the first of the month that premium is paid. Plan expires after 365 days.
- All treatments must be PAID IN FULL at each visit to keep the plan in effect.
- The all benefits (exams, bitewing x-rays, cleanings, and fluoride, etc.) must occur within the year enrollment and cannot be carried over to the next year.
- It is the patient's/parent's responsibility to make and keep appointments for his/her family members.
- A fee (based on length of appointment) may incur for each broken appointment without a 48-hour advance notice.
- Our program is not transferrable to another party or uncovered family member.
- Participation cannot be combined with any other offer or dental plan.
- All fees shall be based on our practice's UCR fees and not any other dental plan's fees.
- Annual Enrollment Fees and Procedures are subject to changes during the year.
- Family members cannot share benefits
- Fees or premium are not refundable
- Benefits apply to General Dentistry, Hygiene, and Specialty services, provided in our office only.
- Enrolling in our In-House Dental Savings Plan gives you the opportunity to obtain your dental treatment exclusively at our practice for reduced fees. It cannot be combined with dental insurance or other reduced fee dental plans.
- Payment options – Annual or Monthly (Auto credit card payment on file required for monthly payment plan)
- We reserve the right to change program at any time and without notice

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In-House Dental savings Plan Enrollment Form, Sign up now and start saving today!

Subscriber First Name _____

Last Name _____

Date of Birth ___/___/___ S.S. # ___-___-___

Home Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

E-mail _____

Additional Family Members:

First and Last Name _____ Date of Birth ___/___/___ Age _____
spouse/child/other

First and Last Name _____ Date of Birth ___/___/___ Age _____
spouse/child/other

First and Last Name _____ Date of Birth ___/___/___ Age _____
spouse/child/other

CC# _____ exp _____ CVC _____

Adult Program \$315 _____ (down payment \$115 - \$20/per month)

Additional family members \$300 (down payment \$100 - \$20/per month)

Adult Periodontal Program \$425 _____ (down payment \$125 - \$30/per month)

Additional family members \$395 _____ (down payment \$115 - \$28/per month)

Recurring Monthly charges are for 10 months.

Signature _____

Witness _____