

Budding Smiles of Beaver

In-House Membership Plan

Child Plan

4 to 13 years of age
\$350.00 per year

 Professional dental cleanings twice a year.

 Doctor exams twice a year

 One Emergency exam per year (if needed)

 Fluoride Treatment

 X-Rays (two Bitewings and two Periapical)

 Panoramic X-Ray is excluded (25% discount)

 25% discount on Sealants

 20% discount will be applied to our office fees for any necessary dental treatment (exclusions may apply)

Terms and Conditions

This membership is valid for 12 months from enrollment. Full payment is due at time of enrollment, this payment is a non-refundable, non-transferable, and cannot be combined with other insurances or discounts.

Parent/Guardian Responsibilities: Schedule and attend appointments within the coverage period. Missed appointments without a 24-hour notice may incur a \$25 fee. A Parent or Guardian MUST accompany the patient to the appointment and pay for any work NOT 100% covered by the plan before the treatment is done.

If you obtain dental insurance within this 12 month period our office is obligated to bill your dental insurance for any services that are provided. (in network) No refund will be issued for any unused services.

No rollover of unused benefits

Family Members cannot be substitutes for another family member. Membership and plan discounts are subject to change

I, the undersigned Parent/Guardian understand and agree to the above terms and conditions of the In-House Membership Plan.

I acknowledge that this is NOT dental insurance but a plan for cost savings on preventive dental care and cannot be combined with any other dental insurances.

Contract start date: _____ Contract end date: _____ Next cleaning due: _____

Patient Name: _____ Patient's DOB: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Staff Signature: _____ Date: _____