

## ONE YEAR DENTAL CARE PLAN

*Our way to personalize and increase affordability and access to quality dental care in our office.*

With this membership plan there is:

- \*No yearly maximum
- \*No deductible
- \*No claim form
- \*No pre-authorization requirements
- \*Immediate eligibility
- \***Eligibility for all services**
- \*Membership without the card

### Plan Benefit Premiums

- \***ULTIMATE PREMIER CARE PLAN**
- \***PREVENTITIVE PREMIER CARE PLAN**

Premiums to be paid in full at time of acceptance/anniversary date.

## COVERAGE

### ULTIMATE PREMIER CARE PLAN

A worry free and comprehensive plan

Comprehensive Exam  
(periodontal charting)  
Periodic Exam (2)  
Full Mouth Digital Radiographs  
4 Bitewing Digital Radiographs  
Periapical Films (as needed)  
Oral Cancer Screening  
Oral Hygiene Instruction  
Emergency Exam (includes radiograph at exam)  
Adult/Child Prophylaxis (cleaning--2/year)  
Flouride (2/year)

15% Courtesy off all other services

### PREVENTITIVE PREMIER CARE PLAN

Periodic Exam (2)  
4 Bitewing Digital Radiographs  
Adult/Child Prophylaxis (cleaning--2/year)  
Flouride (2/year)  
Oral Cancer Screening  
Oral Hygiene Instruction

10% Courtesy off all other services

## ENROLLMENT

This is a courtesy plan only for dental services received here in our office.

*It cannot be used :*

- \***If you have dental insurance**
- \***In conjunction with another dental plan**
- \***For dental care costs covered under medical plan**
- \***Towards products sold**

This plan is honored at **Premier Dental Group of Wellesley, P.C. ONLY**

This plan is **NON-REFUNDABLE** and is for **1 year from acceptance date.** Benefits cannot be carried over to another year.

**Patients portion of bill is due the day of service. Unless other arrangements have been made prior to service.** Failure to pay at time of service, failed or broken appointments without 24 hour notice, voids your plan.

## ENROLLMENT

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