



In-Office Discount Plan

Premium: \$250.00 per year

Includes: 2 Dental cleanings, 2 Oral Examinations, 1 set of B/wing X-rays

No Deductibles, No Maximums, No Waiting Periods, No Exclusions.

How the program works:

Your annual premium includes 2 cleanings and 2 oral exams and 4 bitewing X-rays every 12 months. Restorative and major dentistry will be offered at 20% off fee schedule if paying with credit card, cash or check.

We offer over payment plans for services over \$500.00. Some exclusions do apply.

You will be provided a fee schedule of all services offered here at West Cobb Dentistry. You must remain an active patient in order to receive the discounts and your yearly membership must be paid in full. Your cleanings can be made anytime within your 12 month membership.

If you have multiple dependents under the age of 18, please call us to discuss a family premium.

Exclusions:

Care credit may not be used for this program.

Full Mouth X-rays and Panoramic X-rays that are taken every 3 years, will be considered restorative services and offered at 20% discount.

For payment plans on crown or implant restorations, 50% will be due at time of services and the remaining balance can be put on a monthly payment plan.

A credit card must be kept on file for all payment plans.

IN-OFFICE DISCOUNT DENTAL MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

ADDITIONAL INFORMATION

Email Address:

Cell Phone:

CC to keep on file:

Exp Date:

Signature:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

SSN:

Phone:

MEMBERSHIP INFORMATION

Annual Start Date:

\$250.00 Annual Premium (Please send in payment with this application)

Paid by:

Notes:

SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:

Date:

Signature of spouse (only if for a joint membership):

Date: