

Healthy Smiles Dental Plan

Offered by Futrell & Reese Family Dentistry
An affordable dental plan for the entire family

The following procedures are included within the Healthy Smiles Dental Plan
Plan period is for 12 months

- 2 -Prophylaxis (cleaning)**
- 1 -Set of bite wing x-rays**
- 2 -Periodic exams**
- 2 -Fluoride treatments (up to age 19)**

Scaling and Root Planing per quadrant will be equal to 2 prophylaxis appointments
Periodontal Maintenance will be equal to 1 prophylaxis

Also included:

- 20% discount on all restorative procedures**
- 10% discount on Invisalign**
- 10% discount on Full Mouth Rehabilitation**

\$249.00 for an individual or the first member of a family
\$149 per each additional family member (must live in the same household)

Plan is based on a 12 month period starting on the date payment in full is received of the cost the plan.

Expected savings per year:

Adult coming in twice in a 12 month period would expect to pay \$352.00/per person per year with bite wing x-rays once in this 12 month period and without fluoride. **A savings of \$103.00 per year**

Child coming in twice in a 12 month period would expect to pay \$376.00/per person per year having bite wing x-rays once in a 12 month period. **A Savings of \$227.00 per year**

Terms and Conditions of Healthy Smiles Dental Plan between Futrell & Reese Family Dentistry and _____.

1. Contract plan runs from _____ through _____. No treatment will be delivered under this plan after _____ regardless of when it was appointed. This is a 12 month period from the date full payment of the non-refundable contracted amount has been received by Futrell & Reese Family Dentistry.
2. This plan is renewable at the end of the 12 month contract period at the yearly rate in effect at the end of the current contract.
3. Contract amounts may change in the future. Patient will be informed of any future changes in the plan costs before the end of their current contract so that they may make an informed decision about renewing the plan for the next 12 months.
4. A missed appointment or cancelled appointment with less than 48 business hours' notice will be charged \$25 per half hour of the scheduled appointment time. Prophylaxis will be \$50.00 per adult; restorations will be according to the amount of time scheduled for the appointment; major appointments such as a crown or initial denture impressions will be \$100.00.
5. All monies will be due at the time of service. Any unpaid balances must be paid before any future appointments will be scheduled.
6. It is the patient's responsibility to see that prophylaxis appointments occur with the 12 month period of this contract. Normal reminders will be sent to patient via text or email for appointments (assuming patient does not opt out of those automated reminders).
7. We reserve the right to cancel the plan for failure to show for scheduled appointments; repeated cancellations; failure to pay fees or refusal to complete treatment within a reasonable time. In the event of termination of this contract, the full fees for all procedures completed will be deducted from the yearly contract fee. If there is a remaining credit balance it will be refunded to the patient.
8. If the patient chooses to discontinue the patient/dentist relationship at any time during the 12 month contract period, the paid yearly fee is non-refundable.
9. One (1) appointment of scaling/root planning is equal to two (2) regular prophylaxis appointments. All other scaling/root planning appointments will be given a 20% discount on the regular office fee.
10. One periodontal maintenance appointment is equal to one prophylaxis appointment. All other periodontal maintenance appointments will be given a 20% discount on the regular office fee.

 Patient Signature (SEAL) _____
 Date

 Futrell & Reese Family Dentistry (SEAL) _____
 Date

Family members included in the plan:

Current Fees of Futrell & Reese Family Dentistry

Adult:

Exam	\$ 51.00
Prophylaxis	\$ 91.00
4 Bite wing x-rays	\$ 68.00
Fluoride	<u>\$ 45.00</u>
	\$254.00

Child:

Exam	\$ 21.00
Prophylaxis	\$ 69.00
2 Bite wing x-rays	\$ 46.00
Fluoride	<u>\$ 45.00</u>
	\$181.00

Adult coming in twice in a 12 month period would expect to pay \$442.00/per person per year with fluoride up to age 19 and bite wing x-rays once in a 12 month period.

Adult coming in twice in a 12 month period would expect to pay \$352.00/per person per year with bite wing x-rays once in this 12 month period and without fluoride.

Child coming in twice in a 12 month period would expect to pay \$376.00/per person per year having bite wing x-rays once in a 12 month period.