

In house dental plan for patients without
Insurance

Plan Membership

2018

Pioneer Dental Phone:978-439-0155

PIONEER DENTAL

In House Dental Plan for the patients without Insurance

EXAMS		
	Periodic Exam (2 per Year)	100%
	New Patient Comprehensive Exam	100%
	Limited Exam (1 per year)	100%
RADIOGRAPHS		
	Diagnostic X-Rays the dentist deems necessary	100%
PREVENTATIVE		
	Adult Cleaning (2Per Year)	100%
	Child Cleaning (2 Per Year)	100%
	Fluoride (2 Per Year)	100%
	Sealants	25% Discount
Additional Services		10% Discount
	Fillings	
	Crowns and Bridges	
	Root Canals	
	Extractions	
	Dentures and Partial	
	Dental Implants	
	Periodontal Treatment	

Yearly Membership Fees

First Member of Family	\$299.00
Second Member	\$249.00
Additional Members	\$199.00

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TERMS AND CONDITIONS

This plan is a discount plan provided for Pioneer dental patients only. This plan cannot be transferred to other offices. This plan cannot be combined with any dental plans or dental insurances. There is no membership or ID card provided. Your membership information is stored in your record electronically.

The effective date is the day your premium is paid in full or date of 1st service.

Renewal date is one year anniversary from paid in full date. This plan is non-transferrable.

Family members must live in the same household. All payments for services are due at the time of service. If service fees are extended the discount is reduced to 5% due to merchant fees and administrative fees.

This plan is for services only. No product is included in this plan.

This plan is non-refundable. NO Refunds will be given if patient chooses not to use their plan. Plan renews yearly and preventative services cannot be carried over to the next year. Patients need to be active participants in the plan to receive discount for services. Rates are subjected to change annually.

Should any dental services/treatments needed following any type of injury involving a lawsuit, worker man's comp or disability insurances, this plan cannot be used.

Please sign and date