

Bethesda Dental Center's

Smile Plan

At Bethesda Dental Center we believe that everyone should receive quality dental care. Our Smile Plan is an easy and affordable way to make that happen for patients who do not have dental coverage. This takes the hassle out of dealing with traditional insurance and gives you and your family the access to great and affordable dental care.

Advantages to our Program:

No waiting periods or prior authorizations required

No copays, deductibles or yearly maximums

Low annual fee and coverage starts the day you sign up

20% off all treatment and services

Your coverage lasts for 12 months from the date you sign up, so your renewal date will be the same every year that you stay with the program.

This plan pays for itself in the savings that you will receive.

Our Plan Includes:

Individual Adult Plan \$250.00 (18 and over)

Second Adult Family Member is \$200.00 (18 and over)

Each additional family member is \$150.00

Please note that family members are immediate family members that live in the same household

Coverage includes:

2 Cleanings per year

2 Dental exams per year

2 sets of bitewing x-rays and 1 full mouth x-ray every 3 years

2 fluoride treatment per year (Adults and children)

20% of all dental treatment and services

Discounted Services Include:

Sealants

Crowns/Bridges

Dentures/Partial Dentures

Root Canals

Fillings

Extractions

Periodontal Scaling and Root Planning Therapy

Night Guards

Whitening

Terms and Conditions

Please note this is not to be considered insurance and is only offered to patients without dental insurance. This is an in-house discount plan for Bethesda Dental Center patients only.

The Bethesda Smile plan is renewable on a yearly basis. Fees are nonrefundable and non transferable. No substitutions allowed. All Benefits must be used within the 12-month period after membership is paid in full.

The cost of the plan is a flat one-time yearly fee. This fee is payable by cash, check, and credit card. Carecredit is not applicable.

Children must be dependents of immediate family members.

To receive your 20% discount services must be paid in full when they are rendered.

If the patient cancels 2 appointments in a row without the required 24 hours' notice the plan will be nullified and all fees are forfeited.

Patients Name(s)

Date

Responsible Party _____