



# Our Complete Health Dental Wellness Plan

## Our Dental Wellness Plan:

**\$375/year (Valued at \$700)**

- **Two Doctor Exams**
- **One set of Full Mouth X-rays**
- **Two Healthy Mouth Cleanings**
- **One Fluoride Varnish Treatment or Laser Bacterial Reduction**
- **Blood Pressure Screening**
- **Oral Cancer Screening**
- **Comprehensive Screening for Gum Disease & Infection**
- **TMJ Screening**
- **30% Off Regular Fees**

## Our Complete Health Perio Plan

For patients who may need periodontal treatment, we offer our Complete Health Dental Wellness Plan + up to four periodontal maintenance visits for an additional fee of \$220. (Scaling cost is at discounted fee)

## Family Wellness Plan Discount

For families of four (2 adults and 2 or more children under the age of 18), our yearly fee is \$300 per person.

## Small Business Dental Wellness Program

We offer corporate rates of \$350/year for businesses with **five or more employees** plus a \$5 discount for all additional employees. A free lunch & learn about the mouth/body connection is included for your team.



Drs. Sandra & Giovanni Aristodemo understand the financial benefits that dental insurance offers to their patients. For those of you who do not have access to that, we offer you our Annual reduced fee Dental plan.

Our Complete Health Dental Wellness Plan does not require deductibles, waiting periods, no downgrades or pre-existing conditions or even a yearly spending limit.



## **Complete Health & Dental Wellness Plan**

This is an annual reduced fee dental plan that allows for individuals and families to receive quality dental services. Benefits will begin immediately; there is no waiting period. Members must remain on the plan for a minimum of 12 months. Membership is paid in full at the time of application.

Memberships renew automatically each year unless you notify us otherwise.

Payments for the plan and for treatment are made directly to the dental office. Payment is requested at time of service unless other financial arrangements have been pre-arranged. Interest-free payment plans are also available through Care Credit from 6-24 months depending on financed amount.

### Exclusions:

- Products sold in the office
- Invisalign
- Demonstrated noncompliance with recommended course of treatment.
- Dispensing of Drugs supplied in dental office
- Loss of theft of dentures or bridgework
- Services or injuries or conditions which are covered under Workman's Comp or Employers Liability Insurance
- Mild conscious sedation or Nitrous Oxide use
- Referred Doctors
- Botox or Juvederm
- Dental plan cannot be used with other dental coverage until all dental benefits have been exhausted for the benefit year.
- Yearly benefits are not carried over to next year

## Complete Health & Dental Wellness Plan

Primary Member:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Other family members:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name	Date of Birth	Relationship

Total amount due: \_\$ \_\_\_\_\_ Expiration date: \_\_\_\_\_

Payment Method:

Check\_\_ Cash\_\_ Visa/MC\_\_ Discover\_\_ Amex\_\_

Dental Wellness Plan offers significant discounts on dental services. I understand the benefits, limitations, and exclusions and requirements of this plan and I agree to the terms as listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_