In- House Savings Plan

Unlike Dental insurance, our plan has:

- **No** deductible
- **No** monthly fees
- **No** waiting periods
- **No** pre-authorizations
- **No** yearly maximums
- **No** waiting for insurance claims to process or reimbursements

Adult - $379
Child (12-17)- $299

For 12 months of coverage!

For Families:
First family member $379
Second family member $379
Third or more member: $299*

*(Family members must reside in the same household, and may not be substituted for one another.)

Our plan covers:

- Two adult prophylaxis (cleanings) or periodontal maintenance cleanings a year,
- 1 set of check-up x-rays
- 1 Exam and oral cancer screening
- Fluoride treatment
- Oral hygiene instructions
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- You also get **10% off** many dental procedures including fillings and crowns!

Your Plan Includes

One Exam

- New patient/comprehensive exam; or
- Periodic exam

Dental X-Rays

- Panorex or FMX(one every three years of membership); or
- Bitewings (one set per year)

Cleaning & Preventative Care

- Adult Cleaning (two per year); or
- Perio Maintenance (two per year); or
- Child Cleaning (two per year); and
- One Fluoride treatment (one per year)

Discounts on other services:

Other In-Office Services are at a **10%** Discount To be completed within 12 months of enrollment (not calendar year) with no annual limits and no roll overs:

- Fillings
- Extractions (oral surgery)
- Crowns/Bridges
- Inlays and Onlays
- Dentures/Partials
- Root Canals
- Cosmetic Dentistry (veneers)
- Exams and Xrays
- Implant restorations

I wish to become a member of Dr. Pierpont's in-office Dental Savings Plan and when submitting this membership application understand and agree to the following:

- **Annual fee is non-refundable/non-transferable.**
- This is not a health insurance plan
- Membership discounts are only valid through the office of Dr. Brittany Pierpont
- Our Plan is for you and is not assignable to another person.
- There is a one-year limit (from time of sign up, NOT calendar year) for a patient's completion of all services in the plan .
- Payment is due at time of service
- Discounts may vary for Care Credit account usage
- Work started before end of the Plan year will be completed if the work can be finished within one month after the expiration of the Plan year (*at Dr. Pierpont's discretion*).
- It is the responsibility of the patient to make sure he/she receives and shows up for his/her cleaning and x-ray appointment.
- There is fee of $50 fee for broken appointments without at least 48 hour notice.

Complete details are available by calling our office.

727-363-6169

Membership Application

Date: New application: Yes / No Renewal: Yes/ No

FIRST NAME LAST NAME

SSN DOB

ADDRESS

CITY STATE ZIP

Telephone Email Address

FAMILY MEMBERS TO BE COVERED:

Name & Relationship SSN DOB

Name & Relationship SSN DOB

Name & Relationship SSN DOB

SIGNATURE of APPLICANT, PARENT, or GUARDIAN DATE

TOTAL ENCLOSED_____