



**CHESTERFIELD DENTIST**  
FAMILY & COSMETIC DENTISTRY

## In House Dental Plan

We have designed a plan for our patients without any dental insurance to get affordable dental care. Our plan benefits individuals and families to get dental care, whom are, otherwise, not be able to due to high costs of dental treatment. This plan serves to help everyone who does not have any dental insurance. It is an excellent way to get up to date on your dental health and maintain it for the rest of your lives.

### Membership Options:

Individual Member	\$399
Individual Member Periodontal Plan	\$499
Second Family Member	\$349
Each Additional Member	\$299

[\*\*All Family Members must live in same house. Covered children under 26 years of age\*\*]

### In House Plan Coverage:

<b>Procedures</b>	<b>Discount</b>	<b>Limitations</b>
<i>Exams:</i> New Patient/Periodic Exams	100%	2 in one year
Limited/Emergency Exam	100%	1 in one year
<i>Radiographs:</i> Full Mouth X-rays	100%	1 in 3 years
Panoramic X-ray	100%	1 in 3 years
4 Bitewing X-rays	100%	1 in one year
Periapical X-rays	100%	3 in one year
<i>Preventative:</i> Adult Cleaning	100%	2 in one year
Child Cleaning	100%	2 in one year
Fluoride (under age 19)	100%	1 in one year
Periodontal Maintenance	100%	3 in one year
Sealants	50%	1 per tooth
<i>Other Services:</i> Fillings	15%	
Crowns or Bridges	15%	
Root Canals	15%	
Extractions	15%	
Dentures	15%	
Partial Dentures	15%	
Implants	15%	
Bite Guards	15%	
Braces	15%	



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## Terms and Conditions:

- This is a discount plan and not a dental insurance.
- This Plan is only valid at Chesterfield Dentist at this location.
- This Plan is valid on dental services only, and not valid on products.
- This Plan will be Effective on the date you sign up and will renew yearly on same date.
- This Plan cannot be combined with any other offers, or dental insurance.
- This Plan's discounts will be adjusted if using CareCredit or other financing options for payments.
- This Plan is non-refundable (Even if patient chooses not to use their benefits).
- This Plan is non-transferrable to another person or family member.
- Payments are due at the time of service.
- Not valid in cases where workman's comp, legal case, or other medical services are involved.
- Fees are subject to change.

## Fill Out the following To Purchase In House Plan:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_

**Enrollment Start Date:** \_\_\_\_\_  
**Enrollment Stop Date:** \_\_\_\_\_  
**Renewal Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

### Payment Info:

**Make Checks Payable to:**       **Southside Dental Associates**  
**OR**  
**Master / Visa / Discover**  
**Card #:** \_\_\_\_\_  
**Exp Date:** \_\_\_\_\_  
**CCV #:** \_\_\_\_\_