

NEW PATIENT PLAN

ADULT HEALTHY MOUTH PLAN

\$435

Adult 1st Visit

FMX (Full Set of Xrays)	\$177.00
Comprehensive Exam	\$121.00
Routine Mouth Cleaning	\$123.00

Adult 1st Visit Total \$421.00

Adult 2nd Visit

Periodic Exam	\$72.00
Routine Mouth Cleaning	\$123.00

Adult 2nd Visit Total \$195.00

Yearly Cost w/o Plan \$616.00

Yearly Cost with KD Plan \$435.00

CHILD HEALTHY MOUTH PLAN (≤ 16)

\$365

Child 1st Visit

BWX (Small Set of Xrays)+2PAs	\$145.00
Comprehensive Exam	\$121.00
Child Cleaning	\$91.00

Child 1st Visit Total \$357.00

Child 2nd Visit

Periodic Exam	\$72.00
Child Cleaning	\$91.00

Child 2nd Visit Total \$163.00

Yearly Cost w/o Plan \$520.00

Yearly Cost with KD Plan \$365.00

No Insurance? No problem! We offer an in-house plan so that all of our patients can have access to affordable care.

- One year of services listed is included in the cost of the plan.
- You have one year to utilize those services and the ideal spacing is 6 months between visits, but as long as it is within 12 months you can utilize the benefits.
- **Additional treatment needed will have a 20% discount.** The only exclusion is Invis-align/aligner services. All other treatment is eligible for the discount.
- Any services not utilized within a one year period are forfeited.
- The plan will begin on the payment date or first treatment date whichever is earlier and will end on the prior day the following year.
- This plan cannot be combined with any other insurance plan or discount.
- Once the plan is accepted and paid for it is nonrefundable.
- If the first visit reveals periodontal disease, you will need to change to the Perio Plan which involves additional costs.

With this plan we hope to make quality dental care affordable for people who do not have insurance.

By paying upfront for your basic care, you are making a commitment to yourself

to make time for your dental care and you are making a commitment to us that you want us to take care of your dental needs. In exchange for that loyalty and commitment to your dental health, we are able to offer you a discounted rate on your care.

By signing below you are agreeing to the terms described above.

Signature _____ Date _____