

EAGLE MOUNTAIN FAMILY DENTAL DENTAL SAVINGS PLAN

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Responsible Party Name		Today's Date:
Address		DOB:
City	ZIP	

FAMILY MEMBERS	DATE OF BIRTH	
		Single \$369 (savings of \$153)
		Family of 2(*) \$718 (savings of \$326)
		Family of 3(**) \$1057 (savings of \$509)
		Family of 4(**) \$1436 (savings of \$652)
		Each Additional \$329
		Each Additional \$329
		Each Additional \$329

*The dual plan is for Parent/Child or Husband/Wife only. **The family plan includes family members and children under 18 or children who are enrolled in college full-time until the age of 23.

DENTAL SAVINGS PLAN GUIDELINES	
1.	Membership fees are NON-Refundable
2.	Patient's portion of bill is due the day of service
3.	Membership cannot be suspended or "frozen"
4.	Cannot be used in conjunction with another dental plan or dental insurance
5.	No refunds of premiums will be issued at any time if patient decides not to utilize the dental plan
6.	No Deductibles
7.	Membership is not transferable.
8.	Membership fee cannot be discounted in any way
9.	No yearly maximums
10.	Savings plan expires 12 months after sign-up date
11.	Cannot be used with CareCredit
12.	All family members must be paid for on the initial day you sign-up for the Dental Savings Plan
13.	If periodontal therapy is indicated, periodontal maintenance cleanings will be required. Periodontal maintenance is <u>not</u> a preventative cleaning.

PLAN EXCLUSIONS & LIMITATIONS	
It cannot be used:	
1.	For treatment which, in the sole opinion of Dr. Reeves , lies outside the realm of his capability
2.	For any portion of specialist referral
3.	For hospitalizations or hospital charges of any kind
4.	In conjunction with another dental plan or dental insurance
5.	For costs of dental care which are covered under automobile medical
6.	For services of injuries covered under workers' compensation
7.	With CareCredit or other financing programs

THIS IS NOT DENTAL INSURANCE AND CANNOT BE USED AS A SUPPLEMENT

By signing below, I acknowledge that I have read the brochure and understand the plan details and limitations. Annual fee is required at enrollment and is non-refundable. Eagle Mountain Family Dental, PC reserves the right to modify the Dental Savings Plan fees, terms, and services after twelve months upon written notice from Eagle Mountain Family Dental, PC.
Savings plan expires 12 months after sign-up date.

Signature _____ Today's Date _____
(signature of responsible party)
 Expiration Date of Plan: _____

Basic Plan
1 Comprehensive /or Periodic Exam (Check Up Exam)
1 Additional Periodic Exam (Check Up Exam)
1 Emergency Exam (1 per year if needed)
2 Preventative Cleanings (non-Periodontal based)
2 Oral Cancer Screenings
2 Fluoride Treatments
4 Bitewing X-rays *
Any Individual Xrays needed throughout the year
50% OFF Panorex or FMX (Full Mouth Series X-Rays)
40% off Periodontal Maintenance Cleaning (D4910)
20% OFF Additional Preventative Cleanings, Dental Sealants, Fillings, Core Buildups, Simple Extraction (D7111, D7140)
15% OFF Crowns, Veneers, Periodontics, Root Canals, Oral Surgery, Surgical Extractions
10% OFF Dentures, Partials, Implants
\$50 Off Teeth Whitening

(*) New patients will receive a complete series of radiographic images with membership

Diagnostic and X-rays	Savings
Comprehensive Exam (New Patient)	100%
Periodic Exam (Check Up Exam)	100%
Emergency Exam (1 per year if needed)	100%
4 Bitewing X-rays (1 time per year)	100%
Periapical, First Film	100%
Periapical, Each Additional Film	100%
Complete Series X-rays (1 every 3-5 years)	50%
Panoramic (as needed / every 3-5 yr)	50%

Preventative	Savings
Child Prophylaxis (2 cleanings D1120 per year)	100%
Adult Prophylaxis (2 cleanings D1110 per year)	100%
Fluoride D1206 (2 per year, no age limit)	100%
Oral Cancer Screenings (2 per year)	100%
Additional preventative cleanings D1110 per year	20%
Dental Sealants D1351	20%

Procedures	Savings
Fillings, Core Build-ups, Simple Extractions	20%
Oral Surgery, Surgical Extractions	15%
Root Canals	15%
Crowns	15%
Periodontics (D4341,D4342,D4260,D4261)	15%
Periodontal Maintenance Cleaning (D4910)	40%
Dentures and Partials	10%
Implants	10%
Bleaching	\$50 off