

In-Office Dental Plan

Bethesda Smiles LLC In-Office Dental Plan was created with you in mind! We understand that many people forgo the dental care they need due to financial burdens. So, we have a solution for those who do not have access to dental insurance.

We care about your health, and we know you do too. We are honored that you have placed your trust in us for your oral care. We believe prevention is key. With your membership plan, we keep you on track with all your annual preventive care: dental cleaning, exams & Fluoride to keep your teeth healthy and strong. This plan is designed to make dental wellness easy & affordable, while providing you an attractive smile.

Our In-Office Dental Plan is not insurance. It is simply an annual membership plan that provides discounts on most dental procedures.

Benefits Include:

- Two dental cleanings per year; one every six months
- Four exams (2 emergency, 2 recall)
- Intraoral digital X-rays
- Two Fluoride treatments
- 20% off dental procedures except dental products and Whitening

Policies and Exclusions:

- This plan is only good at Bethesda Smiles LLC.
- 12-month term is effective from sign up date to renewal date.
- Your eligible dependents include your spouse or domestic partner and your children through the age 25.
- No refunds will be given in the event member terminates the plan prior to the end of the plan date, do not use the plan or relocate.
- The annual membership fee must be paid in full prior to treatment.
- Membership benefits are not transferable.

- This is not a dental insurance and is not subject to regulation by the state department of insurance.
- No insurance claim will be filed for Members under this plan.
- This plan is for individual use only.
- This plan cannot be combined with any other dental insurance or any other offers.
- All payments are due at the time of service to receive the discount. Any services that are not paid in full at the time of service will be billed to our regular fees.
- Two no shows or cancellations without 24-hour notice can lead to you being dropped from this plan without a refund.
- If you choose to pay with Care Credit, the treatment discount is reduced to 15% due to merchant fees.
- Plans and fees are subject to change yearly.

Please contact our office for more details

Name:

Last: _____ First: _____ Mi: _____

Street: _____

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____

Phone: _____ Email: _____

Enrollment:

Effective Date: _____ Renewal Date: _____

Fee:

Single Member: \$550 Partner: \$500 Dependent (under 25): \$450

I, _____, hereby understand the polices and limitations of Bethesda Smiles LLC in-Office Dental Plan (see our Website) and agree to them.

Signature: _____

Date: _____