



## Dental Savings Plan

River Valley Dentistry is pleased to offer a dental savings plan for our patients that do not currently have dental coverage. This plan allows our patients to receive optimal dental care while maintaining their oral health.

The River Valley Dentistry in-office dental plan is a membership based program that lets you decide when to visit. Your membership fee entitles you to realize savings on a full range of services. And because this plan is not insurance, you are not paying monthly premiums for services you may or may not use.

### Who is eligible?

You are! once you pay the membership fee in full, you're in! That's it. No waiting period, no claim forms to fill out, and no deductibles to worry about.

### Membership Fee

\$299 Individual

\$230 2<sup>nd</sup> membership (Individual + Spouse or Individual + child under 18)

\$219 each additional

### Plan Benefits

Treatment	Without Plan	With Plan
X-Rays (4 bite wings per year)	\$56	\$0
Cleanings (2 per year)	\$172	\$0
Flouride Treatment (2 per year)	\$72	\$0
Emergency Exam (1 per year)	\$72	\$0
Doctor Exam (2 exams)	\$102	\$0
Total	\$474	Included with membership

### Other Procedure Cost

15% off regular fees for routine general dentistry

10% off regular fees for cosmetic dentistry

Our patient loyalty program will save you money every plan year for preventative care and beyond! Relax – you have one of Tennessee's best dental plans at your service.

1. Complete an enrollment application and return the form to our practice.
2. Your membership is valid as soon as you sign up.
3. Visit our practice to start treatment and start saving.

## Enroll Today

Complete the form:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Ph # \_\_\_\_\_

Dependent Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Dependent Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Dependent Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

## Payment options

Please check one option

☐ \$299 Individual (annually)

☐ \$230 2<sup>nd</sup> Membership (Individual + Spouse or child under 18)

☐ \$219 Each additional

## Method of payment

Bill my credit card – check one

☐ Visa ☐ Mastercard ☐ Cash ☐ Check

Name on Card \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

## Authorization

I understand the plan description of service and membership agreement will be provided prior to enrollment upon request. I agree that you will bill my credit card account to automatically renew my membership each year. I understand that I may cancel my membership at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_