

Affordable Dental Care for All...Now!

Getting affordable quality dental care for you and your family is now easier than ever with a **Scott Family Dental Membership Plan**. Dr. Kevin Scott understands the importance of affordable dentistry and wants his patients to receive the care they need within a budget they can afford.



When you enroll in one of our **Dental Membership Plans**, you save money on great dental care...and you also save a lot of hassle that can come from dealing with insurance companies! Each of our Dental Membership Plans comes with:

- **No Yearly Maximums**
- **No Deductibles**
- **No Claim Forms**
- **No Pre-Authorization**
- **No Pre-existing Condition Limitations**
- **No Waiting Periods**
- **Immediate Eligibility**

AVAILABLE PLANS:

Individual Membership | \$299/yr

Individual + Spouse | \$499/yr

Each Add'l Child (up to age 18) | +\$199/yr

(Total cost of each plan is based on 12 months from the purchase date)

You will not receive a membership card. Your plan's effective date will be on file. Scott Family Dental Membership Plans are not insurance plans, have no underwriter, and may not be combined with any other insurance coverage or dental plans. No claim forms need to be filed; Scott Family Dental shall not bill an insurer for services delivered under membership plans. No qualifications are necessary. Plans are non-refundable.

Preventative Services		
Service	Your Fee	Regular Fees as High as
Comprehensive Exam	no charge	\$122
Periodic Exam	no charge	\$70
X-Rays	no charge	\$173
Adult Prophylaxis*	no charge	\$120
Child's Prophylaxis*	no charge	\$90
Fluoride Treatment	no charge	\$54
Oral Cancer Screening	no charge	—

Restorative Services		
Filling (one surface)	\$188	\$221
Filling (two surface)	\$224	\$264
Filling (three surface)	\$278	\$327
Filling (four surface)	\$350	\$412
Full Porcelain Crown	\$1,227	\$1,443
Fixed Bridge (three units)	\$3,613	\$4,250

Other Treatments		
Emergency Exam	no charge	\$124

Services Not Listed: 15% Off Our Standard Fees

*In absence of periodontal disease. If patient fails to schedule their two cleanings during the contract period, this service will be forfeited. There is no carry-over period. If patient fails to show for their scheduled cleaning appointment without proper notice, this service will be forfeited. Please note: Advance notice of at least two business days is required to cancel or reschedule appointments. Services that are not provided in our office are not covered under this membership plan.

Please Fill Out & Send Form in Today to Begin Coverage!

First Name _____

Last Name _____

Middle Initial _____ Female Male

Home Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Date of Birth _____ SS# _____

Spouse First Name _____

Last Name _____

Middle Initial _____ Female Male

Date of Birth _____ SS# _____

Enrollment Period _____ to _____

(For family plans, please complete information for children under age 18 on reverse side)

Signature (member & spouse)

_____ Date _____

_____ Date _____

Signature (practice representative)

_____ Date _____

Discover MasterCard Visa

Card Number _____

Expiration Date _____

Please circle one of the following:

| \$299 Individual | \$499 Indiv. + Spouse |

| + \$199 Each Add'l Child (up to age 18) |

Patient agrees that Scott Family Dental fees stated must be paid at the time services are rendered. Any service not paid for at the time of service will be billed at usual & customary fees. Coverage fees are valid only when paid at the time of enrollment. All family members must live in the same household. This is not an insurance product.