

ANNUAL SAVINGS EXAMPLE

ADULT PLAN

2 Exams.....	\$ 146.00
2 Adult Cleanings.....	\$ 196.00
Bitewing X-rays (1 set).....	\$ 69.00
Panorapgc X-ray.....	\$ 120.00
Emergency Exam.....	\$ 134.00

Total..... \$ 665.00

Annual Fee..... \$ 329.00

SAVINGS..... \$ 336.00

CHILD PLAN

2 Exams.....	\$ 146.00
2 Child Cleanings.....	\$ 144.00
2 Fluoride Treatments.....	\$ 84.00
Bitewing X-rays (1 set).....	\$ 49.00
Panorapgc X-ray.....	\$ 120.00
Emergency Exam.....	\$ 134.00

Total..... \$ 677.00

Annual Fee..... \$ 199.00

SAVINGS..... \$ 478.00

PERIODONTAL PLAN

1 Periodontal Exam.....	\$ 119.00
1 Periodic Exam.....	\$ 53.00
3 Periodontal Cleanings.....	\$ 426.00
2 Fluoride Treatments.....	\$ 84.00
Bitewing X-rays (1 set).....	\$ 69.00
Panorapgc X-ray.....	\$ 120.00
Emergency Exam.....	\$ 134.00

Total..... \$ 1005.00

Annual Fee..... \$ 469.00

SAVINGS..... \$ 536.00



No waiting period,
immediate treatment



No annual maximum



No deductibles



Cosmetic dentistry
included



State-of-the-art facility



Quality Care in a
comfortable setting

**There are No Limitations on
how much money you can save.**

Farmington
FAMILY DENTISTRY

Jonathan Heaton, DMD

Anthony Quintana, DDS

703 N Dustin Ave

Farmington, NM 87401

505-564-9700

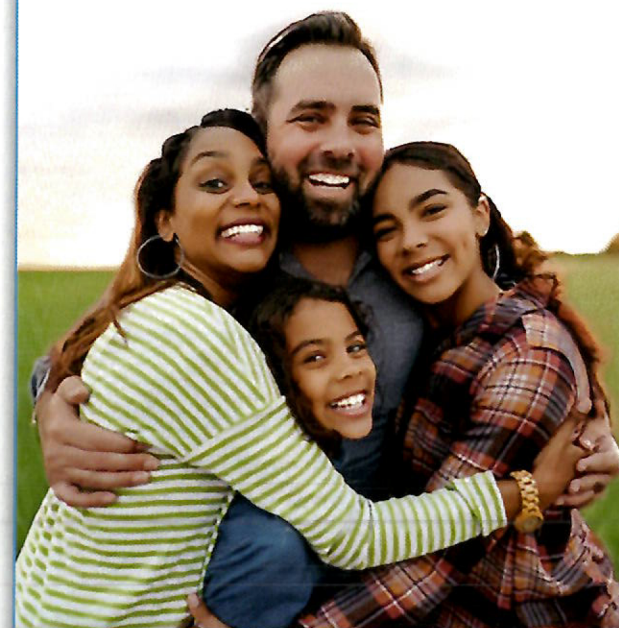
myfarmingtondentist@mdofficemail.com

www.mymfarmingtondentist.com

Farmington
FAMILY DENTISTRY

No insurance?

Join our in-office dental plan and save!



Farmington Family Dentistry is pleased to offer an in-office dental benefit for our patients who do not currently have dental coverage. This plan allows our patients to receive optimal dental care while saving money.

www.mymfarmingtondentist.com

ANNUAL PLAN OPTIONS

- ☐ **\$329 Adult** (additional adults \$50 discount)
☐ **\$199 Child** (13 and under)
☐ **\$459 Periodontal Plan**

ENROLL TODAY

Name _____

Address _____

City _____ Zip _____

State _____ Ph.# _____

Option(check one): ☐Adult | ☐Perio. | ☐Guardian Only

Name _____

DOB _____ Relationship _____

Option(check one): ☐Adult | ☐Perio. | ☐Guardian Only

Name _____

DOB _____ Relationship _____

Option(check one): ☐Adult | ☐Perio. | ☐Guardian Only

Name _____

DOB _____ Relationship _____

Option(check one): ☐Adult | ☐Perio. | ☐Guardian Only

METHOD OF PAYMENT

☐ Cash | ☐ Credit | ☐ Check

The "In-House Dental Plan" requires payment in full at the time of sign-up. This PLAN can not be paid with CareCredit®.

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 automatically to renew my membership each year. I agree that after 30 days the program is non-refundable. I understand that I may cancel my membership at any time.

Signature _____

Date _____

YOUR PLAN WILL RENEW _____ OF 20_____.

PLANS & BENEFITS

ADULT PLAN

- 2 exams annually - 1 comprehensive, 1 routine
- 1 emergency/problem focused exam
- 2 cleanings (non-periodontal)
- All necessary standard X-rays
- 2 oral cancer screenings
- 25% discount on all other services

CHILD PLAN

- 2 exams annually - 1 comprehensive, 1 routine
- 1 emergency/problem focused exam
- 2 child cleanings
- 2 fluoride treatments
- All necessary standard X-rays
- 25% discount on all other services

PERIODONTAL PLAN

- 2 exams annually - 1 comprehensive, 1 routine
- 1 emergency/problem focused exam
- 3 periodontal maintenance treatments*
- 2 fluoride treatments
- All necessary standard X-rays
- 25% discount on all other services
- 2 oral cancer screenings

*After initial non-surgical dental treatments including but not limited to full mouth debridements, scaling and root planing.

The PLAN covers dental services only. Products including Peridex, Topex Fluoride, Opalescence Whitening Gel, etc. are not included.



TERMS AND LIMITATIONS OF THE PLAN

This is a dental discount plan and is NOT dental insurance. It cannot be combined with any other dental insurance, discounts or other offers.

Our membership plan is not insurance and is not a qualified health plan under the Affordable Care Act.

This PLAN is good only at Farmington Family Dentistry. Therefore, if you are referred to a specialist, the will NOT accept or offer this discount.

Treatment for dental injuries covered by worker's compensation, disability insurance, lawsuit, or outside medical care are not covered under this plan.

This PLAN is Non-Transferable. Family members cannot be substituted in for another family member.

Any benefits not used in an enrollment year cannot be carried over.

Payments for services are due at the time of service. If you are unable to pay for services at the time such services are rendered you will not receive the 25% discount. If you choose to extend your payment for treatment by paying through CareCredit®, the discount is reduced by 10% due to fees imposed by CareCredit®. The membership fee cannot be paid with CareCredit®.

Rates and Plan Fees are subject to change annually.

There will be a \$50 charge for "No Shows" and broken appointments without 24 hours notice.

Our membership plan includes a 30 day money back guarantee. Members can receive a full refund up to 30 days after purchase if no benefits or the plan have been used. If benefits of the plan have been used (for example, the member received a cleaning, exam, and x-ray), the member may be eligible to receive a refund equivalent to a prorated portion of their purchase. Refunds after 30 days will be at the discretion of your dentist.

Farmington
FAMILY DENTISTRY