



Muskego Dental

Mary Llanas DDS, SC

Muskego Dental Wellness Membership Program

Patient Name: _____ Date of Birth: _____

Immediate Access to the Care You Deserve! **NO** deductibles, waiting periods, maximums, claim forms, calling insurance companies, enrollment periods, pre-determinations, or pre-existing conditions!

Please select plan:

| | |
|--|---|
| <input type="checkbox"/> Adult Plan For Patients Age 13 and Over \$489.00 per year <i>SAVINGS: \$53+ per year</i> 2 Doctor Exams 2 Healthy-Mouth Cleanings 2 Fluoride Treatment, regardless of age All Dental X-rays Carivu Cavity & Fracture Detection Images Oral Cancer Screening 15% professional discount on additional dental work* | <input type="checkbox"/> Child Single Plan For Patients under Age 13 \$401.00 per year <i>SAVINGS: \$105+ per year</i> 2 Doctor Exams 2 Healthy-Mouth Cleanings 2 Fluoride Treatment, regardless of age All Dental X-rays Carivu Cavity & Fracture Detection Images Oral Cancer Screening 15% professional discount on additional dental work* |
| <input type="checkbox"/> Family Child Plan Child is Defined as Under Age 13 \$359.00 per child per year <i>SAVINGS: \$147+ per child per year</i> 2 Doctor Exams 2 Healthy-Mouth Cleanings 2 Fluoride Treatment, regardless of age All Dental X-rays Carivu Cavity & Fracture Detection Images Oral Cancer Screening 15% professional discount on additional dental work* | <input type="checkbox"/> Periodontal Maintenance Plan For patients with periodontal disease \$649 per year <i>SAVINGS: \$218+ per year</i> 2 Doctor exams 3 Periodontal Maintenance Cleanings 2 Fluoride Treatment, regardless of age All Dental X-rays Carivu Cavity & Fracture Detection Images Oral Cancer Screening 15% professional discount on additional dental work* |

*15% discount if paid in full, day of service.

Terms and Limitations of the Plan:

- This is an annual plan. Plan begins the date the plan is paid and ends one year later.
- Plan will renew every year unless termination request is received in writing.
- Fee is due in full at registration and is non-refundable. Plan is not transferable.
- All products are excluded from plan. No combined discounts. No orthodontics.
- Rates are subject to change annually. You will be informed of any rate changes 30 days prior to renewal.
- Use it or lose it. Services do not accumulate. Services not completed will be forfeited.
- Plan is only good at Muskego Dental. Membership does not transfer to outside doctors, including specialists.
- Care Credit cannot be used to pay for membership plan. If Care Credit is used to pay for treatment, the 15% discount will not be applied.
- Current patient accounts must be in good standing – no past due balances.
- Must follow all of Muskego Dental office policies including broken appointments will result in an additional \$75 fee. Members may be dismissed from the membership program after two broken appointments or for nonpayment. Enrollment fees are non-refundable.
- This is NOT insurance and not be construed as such. It cannot be used with insurance.

I agree to accept the above terms of the Muskego Dental Wellness Membership Program.

Signature

Date

Office Fee for Adult Prophy:

| | |
|------------|------------|
| 2 Exams | \$59 Each |
| 2 Prophys | \$104 Each |
| 1 4BW X | \$76 Each |
| 2 Fluoride | \$51 Each |
| 1 Carivu | \$27 Each |
| 1 Oral ID | \$25 Each |

Annual Cost: \$556 + 15% Off Additional Services

Proposed Membership Fee: \$489.00 per Year (\$53+ Savings)

Office Fee for Child Prophy:

| | |
|------------|-----------|
| 2 Exams | \$59 Each |
| 2 Prophys | \$79 Each |
| 1 4BW X | \$76 Each |
| 2 Fluoride | \$51 Each |
| 1 Carivu | \$27 Each |
| 1 Oral ID | \$25 Each |

Annual Cost: \$506 for Single Child + 15% Off Additional Services

Proposed Membership Fee: \$401.00 per Year (\$105+ Savings) if 1 Child

Proposed Membership Fee: \$325.00 per Year (\$147+ Savings) per Child if 2 or More Children on Account

Office Fee for Adult Perio Main:

| | |
|--------------|------------|
| 2 Exams | \$59 Each |
| 3 Perio Main | \$173 Each |
| 1 4BW X | \$76 Each |
| 2 Fluoride | \$51 Each |
| 1 Carivu | \$27 Each |
| 1 Oral ID | \$25 Each |

Annual Cost: \$867 + 15% Off Additional Services

Proposed Membership Fee: \$649 per Year (\$218+ Savings)