



WATER'S EDGE DENTAL

In-House Dental Plans- 2017

In an effort to encourage good dental health and alleviate rising dental costs, Water's Edge Dental has established an "In-House" Dental Savings Plan for our **existing patients who do not have dental insurance**. This is **NOT** dental insurance. Enrolling in our Dental Savings Plan gives you the opportunity to obtain your dental treatment exclusively at our practice for reduced fees. It cannot be combined with dental insurance or other reduced fee dental plans.

Advantages of our dental plan

- Highest quality of care provided
- State of the art facility
- No deductibles
- No annual maximums
- No waiting periods
- No missing tooth clauses
- No age limits
- No pre-authorizations needed
- No claims to file
- No exclusions

The In-House Dental Plans are a one-year contract and include:

\$310 for Adults

- 2 cleanings a year (\$90/cleaning)
- 2 exams (\$50/exam)
- 4 BW x-rays (\$64/4BW)
- 1 fluoride treatment (\$42/tx)
- **20% savings (\$386.00)**

\$269 for Children (3-14 years)

- 2 cleanings a year (\$65/cleaning)
- 2 exams (\$50/exam)
- 4 BW x-rays (\$64/4BW)
- 2 fluoride treatment (\$42/tx)
- **20% savings (\$336.00)**

\$489 for Periodontal Patients

- 3 periodontal maintenance visits (\$135/PM visit)
- 2 exams (\$50/exam)
- 4 BW x-rays (\$64/4BW)
- 1 fluoride treatment (\$42/tx)
- **20% savings (\$611.00)**

The In-House Dental Plan will also give the patient a 15% discount on restorative work and a 5% discount on cosmetic dentistry when done during contract period. Non-service related items such as bleach supplies & Sonicare toothbrushes are not covered under this agreement.

Provisions and limitations of Water's Edge Dental's In-House Prevention Plan:

- Plan cannot be combined with other insurance plans, discounts or promotions.
- The program is for you the named family member and is not transferable.
- Benefits are for one year from the date the plan is purchased; if benefits have not been used you are not eligible for a refund.
- Payment in full will be due at the time of initial service.

I have read and understand the above contract.

Print Name

Signature

Date ____/____/____

Expiration Date ____/____/____

Water's Edge Dental

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