

JEFFREY V. JONES, DDS and ASSOCIATES

DENTAL WELLNESS PLAN for the UNINSURED.

Affordable solutions for cleanings, exams, X-rays and more.

Designed to make routine dentistry more affordable.

NO Deductible! NO maximums! NO Waiting Periods! NO Claims to file! NO Headaches!

<u>ADULT (13 and Older)</u>	<u>CHILD (Under 13)</u>
<ul style="list-style-type: none">• 2 Regular cleanings with Fluoride (at least 5 months apart)	<ul style="list-style-type: none">• 2 Regular cleanings with Fluoride
<ul style="list-style-type: none">• 1 Complete Exam/1 Check Up Exam	<ul style="list-style-type: none">• 1 Complete Exam/1 Check Up Exam
<ul style="list-style-type: none">• All x-rays included except 3D	<ul style="list-style-type: none">• All x-rays included except 3D
<ul style="list-style-type: none">• 20% off Fee Schedule for All Procedures Performed in Office except Orthodontics, which will have a 10% discount	<ul style="list-style-type: none">• 20% off Fee Schedule for All Procedures Performed in Office except for Orthodontics, which will have a 10% discount

- \$399 per adult under age 60 at time of enrollment.
- \$369 per adult over the age of 60 at time of enrollment.

With one adult on the plan, dependents may purchase:

- \$199 per dependent (13 years old and younger)
 - \$229 per dependent (14-19 years old)
 - \$259 per dependent (20-25 years old)

TERMS:

This is an annual non-refundable contract, with full payment due up front.

“Regular cleanings” means cleanings with no evidence of gum disease. Patients with periodontal disease (pockets 5mm. or greater) will be allowed 4 discounted periodontal maintenance cleanings for \$79, as regular preventative cleanings are not appropriate in these cases.

All procedures must be **paid in full at time of appointment**. Care Credit can only be used on more complex cases over \$5,000.

LOYALTY PROGRAM:

Each year you renew your contract with no break, you will receive a 2.5% discount on annual premium for following year. Receive an additional 2.5% discount for each (non-dependent) new patient referred by you that signs up for the plan.

Fees are subject to change each contract year.

After fully reading and understanding terms of set forth agreement, I agree to enlist in herewith CONTRACT. Payment elected is (please circle):

1. Cash
2. Check
3. Credit card

Signed: Patient or Guardian _____ Date: _____

Signed: Office representative _____ Date: _____