

Enrollment Date: _____

Expiration Date: _____



Internal Dental Program

Dr. Higham and Dr. Sauchelli are pleased to offer an internal dental program for our patients who do not have dental coverage. This plan will allow patients to receive optimal dental care, while maintaining their oral health.

Package includes:

- 2 Cleanings- per benefit period
 - Or 2 Perio Maintenance services – covered at 80%
- Necessary X-rays
- 2 Examinations- per benefit period
- 10% discount on most other services

Annual Fee:

- \$350- First Adult Member
- \$300- Second Adult Member
- \$200- Each additional Member

Advantages:

- No deductibles!
- No waiting periods!
- No exclusions!
- No claims to file!
- Highest quality of care!
- State of the art facility, technology and products!

Provision:

- The cost of this dental plan is essentially the same as your annual preventive care (cleanings, x-rays and exam), thus the program provides a 20% fee reduction to anyone enrolled.
- Plan cannot be combined with any other discounts, promotions or insurance plans.
- This program is for YOU and cannot be transferred to any other person.
- The annual fee must be paid in full at the time of enrollment.
- Benefits are provided for 1 year from the established enrollment date (purchased).
- Cancellations within 24-hours OR no show to scheduled appointments would revoke the program with NO REFUNDS.

By signing below, you are wishing to enroll in the internal dental program provided by Dr. Higham and Dr. Sauchelli. Additionally, a signature indicates you agree to the dental service plan described above.

Date: _____

Signature: _____