

OPTIONS

BASIC PLAN

\$400/year or \$33.50/month*

DUAL PLAN

\$650/year or \$55.50/month*

PERIO SUPPLEMENT

Additional \$225 per
member/year or
\$18.75/month

*Scaling not included

INVISILIGN

(Adult Orthodontic Treatment)
\$750 Off

WHITENING SERVICE

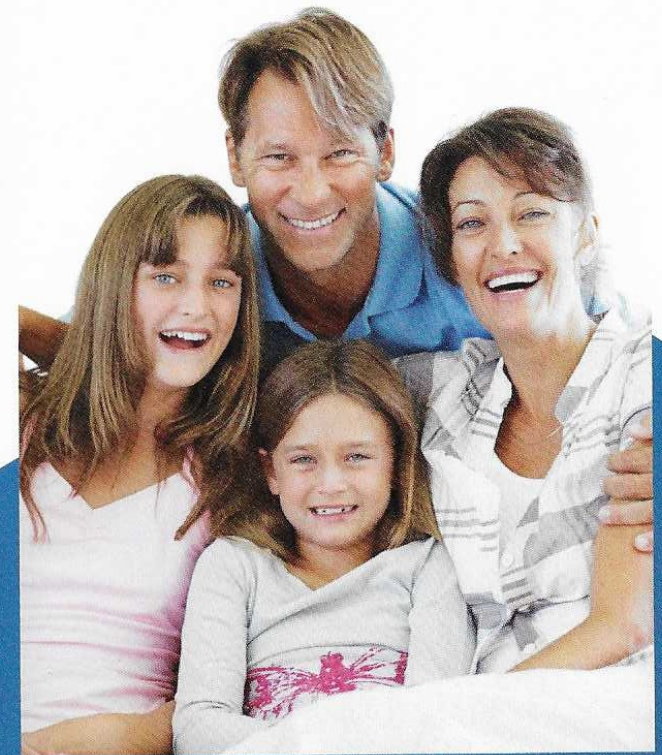
10% off custom whitening
trays & \$50 Gel refills

*\$150/year for each additional child

CONTACT US

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DENTAL SAVINGS PLAN

OVERVIEW

One discounted payment up front provides two cleanings, one "emergency" visit, and discounts on all other services for a year.

Cannot be combined with any other discount or insurance plan and is only valid on services performed in our office.

This discount plan is non refundable. On any service not covered at 100% under this plan, payment is due in full at time of service.

*New Patient enrollment fee of \$99



BREAKDOWN

All Plans Include

- 2 Cleaning and exams
- 1 Annual set of x-rays
- 1 Emergency visit
(exam and periodical X-rays)
- Sealant for children under 18
- 25% Off - Adjunctive Services
- Additional X-rays
(3D imaging excluded), Techmate desensitizer,
- Oral Cancer Screenings
- 15% Off - Basic Services
Fillings
- 15% Off Periodontal Services
Scaling and root planning
- 15% Off Endodontic Services
- 15% Off Oral Surgery
- 15% Off Major Services
Crown and bridge, implant services, and
prosthetic

Periodontal Supplement

- 2 Additional periodontal maintenance visits
- 2 Fluoride treatments per year

No services will be discounted outside of the 12 month coverage period

APPLICATION

Primary Applicant Name

Date of Birth

Street Address 1

Street Address 2

City

State

Zipcode

Phone Number

Member Info and Selections

- ☐ Single
- ☐ Dual
- ☐ Family
- ☐ Periodontal Supplement

Additional Family Members Included in Plan

Payment Method

- ☐ Cash
- ☐ Check
- ☐ Credit Card

