

PLAN OPTIONS

BASIC PLAN

\$400/year or \$34.50/month*

DUAL PLAN

\$650/year or \$57.50/month*

PERIO SUPPLEMENT

Additional \$225 per member/year or \$19.50/month

CLEAR ALIGNERS

(Adult Orthodontic Treatment)

\$750 Off

(*not* including Invisalign brand products)

WHITENING SERVICE

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

*\$150/year for each additional child under 18 years of age

CONTACT US

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DENTAL SAVINGS PLAN

PLAN OVERVIEW

One discounted payment up front provides two cleanings, one "problem-focused" 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



PLAN BREAKDOWN

All Plans Include

- 2 Cleanings and exams
- 1 Annual set of x-rays
- 1 Problem-focused ("emergency") visit (exam and periapical X-rays)
- 2 Fluoride treatments per year
- Additional X-rays (3D imaging excluded)
- Oral Cancer Screenings (does not include Oral-ID)
- 15% Off - Basic Services (Fillings, simple extractions, sealants)
- 15% Off Periodontal Services (Scaling and root planing)
- 15% Off Endodontic Services (Root canal therapy)
- 15% Off Oral Surgery
- 15% Off Major Services (Crowns, bridges, implant services, and prosthetics)

Periodontal Supplement

- 2 Additional periodontal maintenance visits



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

PLAN APPLICATION

Primary Applicant Name

Date of Birth

Billing Address

City

State Zipcode

Phone Number

Member Info and Selections

- Single Family
- Dual Periodontal Supplement

Additional Family Members Included in Plan

Payment Method

- Cash Credit Card
- Check Monthly auto-debit

APPLICANT SIGNATURE

TODAY'S DATE
