# **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

(<u>not</u> including Invisaslign brand products)

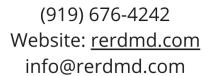
### WHITENING SERVICE

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

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

## **CONTACT US**

8300 Falls of Neuse Road Suite # 114 Raleigh, NC 27615









DENTAL SAVINGS PLAN

### **OVERVIEW**

One discounted payment up front provides two cleanings, one "problemfocused" 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 nonrefundable. 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 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 <u>not</u> 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

SER REBECCA E. REEVES DMD, PA

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

### **APPLICATION**

Primary App	licant Name
Date of Birth	1
Billing Addre	255
City	
State	Zipcode
Phone Num	ber
Member In	fo and Selections
○ Single ○ Dual	Family Periodontal Supplement
Additional Fa	mily Members Included in Plan
Payment M	_
<ul><li>○ Cash</li><li>○ Check</li></ul>	<ul><li>Credit Card</li><li>Monthly auto-debit</li></ul>
APPLICANT	SIGNATURE
TODAY'S DA	ATE