



Savings Program Application

Name: _____ DOB: _____

Type of Plan: Child Adult Perio

Fee: _____

I, _____, understand that the membership fee for enrollment in the 10th Street Dental Savings Program is an annual fee and includes two routine cleanings for exactly one year after signature date of this contract. The two routine cleanings each year will also include two exams, one set of bitewing x-rays, and two fluoride treatments for the child. Routine x-rays are those taken at your regular cleaning appointments. These include bitewing radiographs taken every year. Every 5 years a full mouth series or panoramic radiograph will be taken and is included in the membership.

By paying the agreed upon membership fee, I will also receive 10% off of dental treatment fees not including orthodontic treatment. This includes, but not limited to: additional diagnostic X-rays and exams, endodontics, restorations, extractions, crowns, dentures, partials, bridges. Scaling and Root planing procedures (initial deep cleaning for periodontal disease) are not routine maintenance appointments but are eligible for the 10% discount. A one-time \$100 orthodontic discount can be used per lifetime. The membership fee is non-refundable and unused cleanings cannot be transferred to a future year, even if I choose to re-enroll in the program. The membership is non-transferrable to another person. CareCredit will not be accepted for membership program fees or discounted treatment fees under the membership program. Additional discount for pay in full by cash or check will not be accepted.

Signature of Patient: _____
(or Responsible party)

Date: _____

Responsible Party Printed Name: _____

Relationship: _____