

MILESTONES CHILDREN & FAMILY DENTISTRY

Adult Milestones Simplified Discount Plan

Plan enrolment fee: \$185/year and includes:

- Comprehensive (D0150) & Periodic (D0120) exams
- Routine X-rays (BW D0274, PA'S D0220/D0230), Full mouth, and Panoramic Xrays (D0330, D0210)
- One Emergency Exam including necessary X-rays (D0140)
- 20% Discount on dental procedures performed in our practice • *(excludes products, laser treatments, and Clear Correct Orthodontic treatment)
- Each additional immediate family member 16 years and older is an additional \$175/year
- No deductible, waiting periods, annual maximum, or pre-existing conditions

Discount plan terms and guidelines:

- Discount plan only honored at Milestones Dentistry in Lutz, FL
- Patient fees are due at time of service and must be paid in full
- Effective date of the discount plan begins when this contract is signed, and annual membership is paid
- This discount plan has no roll over benefits and all discounts expire one year after plan is purchased
- No refunds or plan transfers will be given for the enrollment fee
- No show fee / cancellation (less than 24-hour notice) will still apply to members •

This program is an in-office discount plan and is NOT DENTAL INSURANCE *

It cannot be used in conjunction with any other discount plan or dental insurance as those contracts will prevail.

I have read and understand the discount benefits and limitations of this dental discount program and agree with its terms and guidelines.

Date:_____

Patient Name:_____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:_____Signature:____Signature:____Signature:___Signature: