



Dental Savings Program Agreement

This agreement between **Michelsen Dental** and _____ (“Patient”) is established on _____, 20____ and will expire on _____, 20____.

For this period of 12 months, Michelsen Dental is pleased to include the following benefits in return for payment of the below specified annual membership fee:

- Two professional “6-month” hygiene cleanings (excludes periodontal treatment)
- Two comprehensive exams (new patient and/or periodic) by the doctor during your regularly scheduled hygiene visits
- Two comprehensive oral cancer screenings
- Two complimentary fluoride treatments
- One complete x-ray series (full mouth or panoramic) or check-up x-rays (ongoing)
- One complete periodontal exam
- 20% Savings on all general and cosmetic dentistry procedures, including treatment for periodontal disease
- Special ‘member-only’ savings on professional teeth whitening kits (take-home or in-office) with a free whitening gel syringe every six months
- Priority appointment scheduling (we’ll do our best to get you scheduled for your most convenient and desired appointment times)
- Program membership discounts for additional family members, with reduced rates for children (ages 13 and under)
- \$35 account credit for each person (non-family member) referred into the program

Annual Membership Fee:

_____ Option #1: A one-time payment of \$349

_____ Option #2: Four consecutive monthly payments of \$99

Note: Additional family members may be added for an investment of only \$299 per adult or \$199 per child (ages 13 and under). Businesses with 3 or more registered members receive a discounted rate of \$299 per adult. Monthly payment options available for all plans.

Patient Signature _____ Date _____