

Insurance Plan

Premium \$_____per mo/\$_____per yr

Yearly Maximum \$_____

Deductible \$_____

Preventive Care _____%

Minor Restorative _____% after deductible

Major Restorative _____% after deductible

Preventive Care

1st cleaning – Patient out-of-pocket amount

- Cleaning \$_____

- Exam \$_____

- Bitewing x-rays \$_____

- Fluoride \$_____

2nd cleaning – Patient out-of-pocket amount

- Cleaning \$_____

- Exam \$_____

- Fluoride \$_____

If Perio: Perio Maintenance 3 \$_____

Perio Maintenance 4 \$_____

Restorative Treatment

Out of pocket for all services \$_____

Patient Out of Pocket with Insurance

Premiums \$_____

Cleaning/Perio Appointments \$_____

Treatment \$_____

TOTAL out-of-pocket w/ Ins \$_____

Membership Plan

Membership Payment \$_____per mo/\$_____per yr

Yearly Maximum UNLIMITED

Deductible N/A

Preventive Care 100%

Restorative Discount _____%

Preventive Care

1st cleaning appointment - *included*

- Cleaning \$_____

- Exam \$_____

- Bitewing x-rays \$_____

- Fluoride \$_____

2nd cleaning appointment - *included*

- Cleaning \$_____

- Exam \$_____

- Fluoride \$_____

If Perio: Perio Maintenance 3 \$_____

Perio Maintenance 4 \$_____

Restorative Treatment

Out of pocket for all services \$_____

Patient Out of Pocket with Membership Plan

Membership payments \$_____

Cleaning/Perio Appointments \$_____

Treatment \$_____

TOTAL out-of-pocket w/ MP \$_____