

Aesthetic Dentistry

IN HOUSE DENTAL PLAN

Please fill out and sign this form

Your Plan begins on January 1st and Expires on December 31st, 2024.

Name: _____ Date _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Spouse Name: Last, First _____

Select your Options from Below:

_____ Individual Plan \$450.00

_____ Husband/Wife Plan \$900.00

Children of participating parents will receive 10% off each dental procedure.

Total Due for your coverage \$_____.

Plan includes:

- 2 Hygiene appointments per calendar year

(Includes 2 prophylaxis, 2 exams and any necessary x-rays, also Fluoride if needed) (\$730.00 value)

As an added benefit it also includes:

- 1 emergency visit per calendar year, including any necessary x-rays
- All other procedures will be discounted 10% off our regular fee

In House Dental Plan must be joined before January 31, 2024.

All Fees are to be paid at the time of visit

This plan cannot be combined with any Insurance Plan

After 1st use of these benefits, the sign-up fee is non-refundable

Signature

Date

These discounted rates are available only at Aesthetic Dentistry.

*Please make checks out to **Aesthetic Dentistry**, or you may pay by Credit Card*

If you wish to pay by credit/debit card please fill out the form below or call the office @978-664-5901

- Visa*
- Master Card*
- American Express*

Name on Card _____

Card # _____

Expiration: _____

CVC: _____

All other payments can be mailed to: (Prior to January 31, 2022)

*Aesthetic Dentistry
240 Main Street
North Reading, MA 01864*