



VIET HO
PROSTHODONTIST

200 Avenue K SE, Ste 4
Winter Haven, Florida 33880
Phone: (863) 294 - 4484
Fax: (863) 662 - 4234

DENTAL SAVINGS PLAN

Patient Signature (Policy Holder)

Date of Birth

Our dental savings plan is designed to provide affordability and greater access to quality dental care at our office. This dental savings plan is NOT an insurance plan that can be used at any other dental offices.

BENEFITS OF MEMBERSHIP

- No yearly maximum
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility (no waiting periods)
- Free consultation

PROGRAM GUIDELINES

- There will be a \$50 reinstatement fee if your plan lapses
- NON-REFUNDABLE - No refunds or credits will be issued at any time if participant decides not to utilize the dental plan
- NON-Transferable - The benefits of the plan may apply exclusively to the named member(s)
- You will not receive a membership card. The effective date of your plan will be on file with our office

PLAN SAVINGS

Treatment

DIAGNOSTIC & X-RAYS

Comprehensive Exam (New patient, Initial Visit)	100%
Periodic Exam (1 Per year)	100%
Limited Oral Exam (Unlimited)	100%
Panoramic or Complete X-rays (1 every 5 years)	100%
Periapical X-rays (as needed per Dr.)	100%
Bitewings X-rays (1 time per year)	100%

PREVENTATIVE TREATMENT

Prophylaxis (cleaning) (2 per year)	100%
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Member Discount

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Additional Cleanings per year	20%
Fluoride Treatment (1 per year, no age limit)	100%
Sealants	20%

ALL OTHER PROCEDURES

Periodontic Treatment	10%
Fillings and Core Buildups	10%
Oral Surgery	10%
Dental Implants Surgery (including bone graft & membrane)	15%
Crowns	10%
Full or Partial Dentures	10%

BENEFIT PREMIUMS

Plan	Total Annual Cost
Single	\$250
*Each Additional Family Member	\$200
* The Family Plan includes family members and children up to the age of 18 or if child is enrolled full-time in college, up to the age of 23.	

PROGRAM EXCLUSIONS & LIMITATIONS

This program is a savings plan, NOT a dental insurance plan. It cannot be used:

- In conjunction with any other discounts or offers
- Cannot be used in conjunction with any other dental plan or dental insurance
- For treatment which, in sole opinion of the treating Dentist or Doctor, lies outside the realm of their capability
- ***For referrals to specialists***
- For costs of dental care which is covered under medical insurance

Spouse Name

Date of Birth

Children (under age of 18)

Date of Birth

Children (under age of 18)

Date of Birth

Patient Signature

Date

Staff Member

Date