

Renew by: _____

Del Mar Family Dentistry Savings Plan Contract

Name: _____

DMFDSP is a savings plan for families and individuals who don't have insurance and still want to receive the best dental care. DMFDSP starts the day you sign your contract and runs for 1 year from the date signed. No waiting period or annual maximum.

The DMFDSP annual fee is \$395 for the first member, and \$355 for each additional family member. (Family members include spouse, and dependent children under age 23). The savings plan fee is due when the contract is signed and is non-refundable. With our savings plan, your total savings is over \$1000. The family's DMFDSP will expire on the same date.

To receive the 15% savings on treatment, payment must be paid in full at the time of service

A missed appointment fee of \$100.00 per hour, will be charged for all missed appointments

Please notify our office at least 48 hours in advance of your appointment if you must change a scheduled appointment. Phone calls only to reschedule or cancel.

BENEFITS:

*Two dental cleanings

*Two Exams

*One set of X-rays

*Yearly oral cancer screening

*Custom take home teeth whitening trays (includes 2 boxes of bleach)

*Enamel therapy treatment, as needed per visit

* 15% savings on all dental procedures, when paid in full @ time of service

*A 10% savings on Invisalign/Specialty Services

I have read the contract and agree to the terms.

Signature: _____ Date: _____

Additional covered dependents:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

You are responsible to know when your plan expires

****If you renew without lapse in coverage, you will get \$25 off your plan renewal***