

Dental Savings Plan

Annual fee: \$400.00 per patient or \$1500.00 per family. To remain enrolled in the plan, this fee is due every year on the anniversary date of this contract. The contract year runs from the day you are enrolled through midnight on the 365th day after the enrollment date.

Dental Savings Plan Includes:

2 preventive dental cleanings or periodontal maintenance cleanings per calendar year per patient beginning on the date of enrollment

2 exams per patient per calendar year per patient beginning on the date of enrollment

2 sets of check-up X-rays per calendar year per patient beginning on the date of enrollment

Enrolled patients will be given a 20% discount off ALL regular fees for ALL services including cosmetic services, which are not normally covered by insurance plans.

No paperwork to submit to insurance companies

No denials on services from insurance companies

No age limitations for dependents

THIS IS NOT INSURANCE- It is a discount plan that helps you save money on dental care.

Unfortunately, this is not applicable for specialists referred to outside of the practice of Richard B.

Lubitz, DMD located at 107 Monmouth Rd., Suite 107, West Long Branch, NJ 07764.

Immediate membership activation. You enjoy your savings on the day you are enrolled.

Patients with dental insurance are **NOT** eligible for the program.

All discounted fees of enrolled members are due in full at the time of service.

Family definition: All family members living in a household at the same address are eligible.

An example of your savings:

Service	Regular fee	Discounted Fee under the savings plan	Your Savings
An initial visit including a new patient exam, Full mouth series of X-rays, and Preventive dental cleaning AND A second 6 month check-up with a recall exam, 4 Bitewing X-rays, and a preventive adult cleaning	\$365.00 \$240.00 <hr/> Total annual cost for these services would normally be \$605.00	Included in annual membership fee of \$400.00 per patient	\$205.00 per year
A full coverage crown/"cap"	\$1250.00	\$1000.00	\$250.00
A 2-surface tooth-colored filling on a back tooth	\$245.00	\$196.00	\$49.00
A Root Canal on a molar/"back" tooth	\$1125.00	\$900.00	\$225.00

The membership and above defined Dental Savings Plan are only valid for the practice of Richard B. Lubitz, DMD during the existence and solvency of the practice. In the event of a transfer of the practice to a nother dental provider, renewals and/or continuance of the program will be at the discretion of that provider.

Memberships are NONREFUNDABLE in whole or in part for any unused services.

Name of Enrolling member _____ Date _____

Residence Address _____

City _____ State _____ Zip code _____

Telephone Contact # _____ E-mail address _____

If this is a family membership, Names of all family members enrolled and relationship to enrolling member:

Name	Relationship to enrolling member

By signing below, I agree to the terms set forth above and enroll myself/my family (please circle) in the above Dental Savings Plan as of this date _____.

Patient/Head of Household Signature _____ Date _____

Printed Name of Person Signing _____

Witness Signature _____ Date _____