CHATHAM DENTAL ARTS DENTAL SAVINGS PROGRAM

Please call the office to see what the current fee is.

Start Date: _____ End Date: _____

I understand all exclusions and limitations of this plan; this program is not a dental insurance plan.

This is a discounted dental fee program. This plan is only honored at Chatham Dental Arts. This program *CAN NOT* be used with any other insurance or discount program including Care Credit.

NO REFUNDS of program's payments will be issued at any time if participants decide to stop making use of the program for any reason.

Benefits may not be transferred to other patients.

Plan expires one year to the date of enrollment, I understand if I do not use my plan it does not roll past the end date.

Discounted fees must be paid for at the time of services rendered with cash or check. Any procedures not paid for on the date of service will be billed at the usual office fee.

• 1 Comprehensive exam and 1 Periodic exam OR 2 Periodic exams	100%
• 1 Emergency Exam	100%
• 4 Bitewing X-rays	100%
• 1 Periapical X-ray in conjunction with Emergency Exam	100%
• Full Mouth X-Rays (required for any new patient of the practice)	50%
• Panoramic X-ray	50%
• 2 Routine Dental Cleaning (in absence of Periodontal Disease)	100%
• 2 Optional Fluoride Treatments	100%
• Periodontal recall cleanings and Scaling and Root Planing	15%
• Dental Sealants	15%
• Dental Fillings including Core Buildups for Crowns	15%
• Root Canals	15%
• Extractions & ALL Oral Surgery Procedures	15%
• Crowns, Bridges & Veneers	15%
• ALL Dentures and Partials	15%
• Implant Restorations	15%
• Night Guards	15%

- **Products sold in office, not applicable to discount.**

I understand and agree to the above terms of the dental savings program.

Patient Signature: _____ Date: _____

Patient Printed Name: _____

CHATHAM DENTAL ARTS
info@chathamdentalarts.com
(919)542-4911
587 Old Graham Rd Pittsboro, NC 27312