



DENTAL SAVERS PLAN

ONLY

~~\$249~~ / ~~\$349*~~
age 12 & under / age 13 & up

PER YEAR

ASK FOR DETAILS TODAY!

- 919.863.3933
- 919.863.3935
- hello@twinleafdentistry.com
- twinleafdentistry.com
- 9776 holly springs rd • apex, nc 27539

*The plan for patients diagnosed with active periodontal disease is \$499 per year.

CHILD PREVENTATIVE PLAN (12 & UNDER)

\$249

- 2 exams and professional preventative cleanings
- Any necessary x-rays
- Patients up to age 18 will receive a fluoride treatment 2x/year
- 20% off any dental treatment or services*

ADULT PREVENTATIVE PLAN (13 & OVER)

\$349

- 2 exams and professional preventative cleanings
- Any necessary x-rays
- 20% off any dental treatment or services*
- For adults 18 & over, add fluoride to any visit for only \$20 (more than a 50% savings)

ADULT PERIODONTAL PLAN

\$499

About 1/3 of adults have some stage of periodontal disease. If you are diagnosed with periodontal disease at your initial visit, you are no longer a candidate for a normal preventative cleaning, and it would be necessary to have **treatment for periodontal disease** and periodontal maintenance visits at the frequency recommended by your dental team. Treatment will need to be paid out-of-pocket at time of service.

- 2 exams
- Any necessary x-rays
- 20% off periodontal treatment for active periodontal disease and any other treatment or services*
- 3 Periodontal Maintenance visits (additional maintenance visit if recommended by doctor will be only \$99 instead of the regular fee -- a 35% savings)
- Add fluoride to any visit for only \$20 (more than a 50% savings)

EMERGENCY EXAMS & TREATMENT

- If an emergency visit is needed, there will be a **\$25 charge** at the time of visit that includes the exam and any necessary x-rays.
- 20% discount on treatment and services excludes whitening procedures and products, electric toothbrushes and prescription toothpaste.

SIGN UP NOW!

Print Patient's Name: _____

Additional Family Members: _____

Signature of Patient (Parent or Guardian if Minor): _____

Date Plan Begins: _____ Date Plan Ends: _____

TERMS & CONDITIONS

- This plan is unique to our office and only applies to services rendered here.
- All appointments and treatment must be scheduled and completed before plan year ends. Any unused benefits will be forfeited.
- Plan may not be combined with other offers or any form of dental insurance.
- CareCredit may not be used to pay for the membership fee. If paying with CareCredit for treatment, the discount will be 10% instead of 20%.
- You must notify our office at least 2 business days in advance for any appointment changes, or a **\$50 per hour broken appointment fee** will be charged to your account.
- The plan is non-transferrable.
- **No refunds.** No exceptions.

OFFICE USE ONLY

Authorized by: _____ Date: _____