



Membership includes the following services at no charge:
 2 routine exams (once every six months)
 X-rays (4 bitewings - once every 12 months)
 2 cleanings (prophylaxis - once every six months, twice per calendar year)
 2 fluoride treatments for children (under the age of 19 - once every six months)
 All dental services are offered at a **20%** fee reduction off our normal fee.
 First Member..... \$299.00
 Additional Member..... \$199.00

Coverage Begins on the Day You Register

Please fill out the form below

First Name: _____

Last Name: _____

Address: _____

Phone: _____

E-mail: _____

Date of Birth: ____ / ____ / ____

Female | Male

Dependent Names: _____

Coverage Period: From: ____ / ____ / ____ To: ____ / ____ / ____

MasterCard | Visa | Discover | AmEx

Card # : _____

Expiration Date: _____

CVW Code: _____

Make check payable to Pure Health Dental

Check here for automatic renewal (5% discount on membership fees if checked)

Signature: _____ Date: _____

Co-payments must be paid at the time of service. • Any service not paid at the time of service will be billed at usual and customary fees. • Valid for one year from date of sign-up. Patient agrees that Pure Health Dental Savings Plan fees stated must be paid at time services are rendered. Plan fees are valid only when paid at the time of enrollment. All family members must reside in the same household. (This is not an insurance program, and Pure Health Dental is not a licensed insurer, health maintenance organization, or other underwriter of health services. This plan may not be combined with any other offers, discounts, or advertisements. The discounts offered are valid only in this office and for services, not products.)