



## PURE HEALTH DENTAL SAVINGS PLAN

**Membership includes the following services at no charge:**

- **2 Routine Exams** (once every six months, twice per calendar year)
- **2 Cleanings** (prophylaxis - once every six months, twice per calendar year)
- **X-Rays** (Full Mouth Series)
- **2 Fluoride Treatments for Children** (under the age of 19 - once every six months)

**Membership Discount: 20% Savings on all other dental services**

- All dental services are offered at a 20% fee reduction

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 additional 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 only valid for patients of Pure Health Dental and are strictly limited to services, not retail products.)*