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Platinum Dental, Inc.

"In-House" Dental Savings Plan

If you don't have dental insurance you can still save on your dental care by taking advantage of our "In-House" Dental Savings Plan. This plan entitles you to some services which you would otherwise pay extra for with traditional insurance. Furthermore, enrolling in the plan allows you to save 25% on various dental services.

For $540 per year, patients age 12 and older can have the following:

- 2 Dental exams
- 2 Dental cleanings (not including "deep cleaning")
- 2 in-office fluoride treatments
- 1 set of digital X-rays (up to 6 intra-oral X-rays)
- 2 Hygiene bags (toothbrush, floss, etc.)
- Savings of 25% on the following services:
    1. Restorative services: crowns, veneers, bridges, fillings, etc.
    2. Periodontal services: periodontal cleanings, deep cleanings
    3. Root canal therapy, extractions, dentures
    4. Diagnostic services: additional X-rays, dental exams (excluding specialized exams), emergency visits
    5. Other "general" dental services

Program Guidelines:

- Enrollment dues are paid in 2 installments as follows:
    1. First payment of $350 due on the day you sign up
    2. Second payment of $190 due on your 2nd cleaning date or on the date you receive any dental treatment (whichever comes first)
- No refunds of dues will be issued
- Enrollment in the plan will expire one year from sign-up date. You can re-enroll in the then offered Dental Savings Plan.

Exclusions and Limitations:

- Enrollment in the program is non-transferable
- Enrollment is not allowed for people with dental insurance or other discount plan or for those cases where a 3rd party is involved (accidents, etc.)
- Enrollment in the plan allows for savings on dental services performed only at Platinum Dental, Inc. in San Marcos, California.
- Specialized services such as Orthodontics, TMJ treatment, therapy for sleep apnea, sedation services (sleep dentistry or Nitrous oxide) and dental implant surgery are excluded
- Dental "goods" such as toothpastes, mouth rinses, toothbrushes, whitening gels are excluded
- Savings does not apply to services or goods already discounted as part of an on-going promotion/special offer

Start Date:_____ End Date: _____

Patient Name: _____

Patient Signature: _____

Staff Initial: _____

1st Payment: $350 (cash/check) or $364 (credit/debit) paid on: _____
Staff Initial:_____

2nd Payment: $190 (cash/check) or $198 (credit/debit) paid on: _____
Staff Initial:_____