

Arlington Dental Group Discount Program – the small print

Annual (365 days) Enrollment Benefits Include:

- Free - Two (2) D1110 or D1120 Preventive Cleanings (no periodontal disease currently present in the mouth or history of periodontal disease) –**OR-** Two (2) D4910 Periodontal Disease Maintenance Visits (history of treatment with root planning and scaling for periodontal disease, 3rd and/or 4th periodontal disease maintenance visit would be discounted 20%) Value \$126-250
- Free - Two (2) D0120 or D0150 Dental Examinations (initial or periodic) Value \$98-\$168
- Free - One (1) D0272 or D0274 set of Bitewing Cavity Detecting x-rays Value \$44-\$64 (**NOT PANO OR FMX**)
- Free - Two (2) D1206 fluoride treatments for enrollees aged 18 years and under Value \$37
- Twenty Percent (20%) discount on all other services provided at Arlington Dental Group (Pano, FMX, fillings, crowns, root canals, periodontal disease treatment, and even cosmetic dentistry). Fifteen percent (15%) discount if using Care Credit.
- Ten Percent (10%) discount on Invisalign, Five Percent (5%) if using Care Credit

- Say Yes to Cosmetic Dentistry!
- No yearly Maximums
- No Deductible
- No waiting periods
- No waiting for Pre-Approval
- No third party interference (such as insurance claims adjusters who cannot legally diagnose your needs, dictating what treatments you can or can't have done.
- No ending of plan if you change employers

Annual (365 days) Plan Agreement:

- Adult and Children \$258.00
- Payment for discount program must be received in full before enrollment benefits are considered active.
- **FSA, HSA, and CC cards cannot be used as payments for our discount plan.**

Important details to keep in mind:

- **This is a dental discount plan and is NOT dental insurance.**
- It CANNOT be combined with any dental insurance or discount programs.
- It is ONLY good at Arlington Dental Group, INC. Therefore, if you are referred to a specialist, they will NOT offer this discount.
- Should there be dental treatment needed following any type of injury where a lawsuit, and therefore outside medical, car, disability, or workman's comp type insurances are involved, this discount plan cannot be used.

Wait, there is more to know and understand!

- Annual enrollment fees are due in full at the first appointment of the year and lasts exactly 365 days. No exceptions.
- Annual enrollment is Non-refundable and Non-transferable to other parties including uncovered family members.
- Program is subject to change yearly.
- **All payments are due AT TIME OF SERVICE to receive the 20% discount. Any services that are not paid for at the time of service will be billed at the usual, higher fee. Initial _____**
- If you choose to extend your payment for treatment by paying through CARECREDIT, the restorative treatment discount is reduced to fifteen percent (15%) due to merchant fees.
- This offer CANNOT be combined with any other offers.
- Program fees are valid only when paid at time of enrollment.
- The 2 exams, 2 cleanings, fluoride for children 18 and under, and x-rays must be completed within year(365 days) of enrollment and will not be rolled over into new enrollment years even if unused.
- Enrollment benefits can not be split between family members.
- This program does NOT pay for any procedure itself, rather offers discounts on the recommended procedures at Arlington Dental Group.
- This program does NOT meet the minimum credible coverage requirements under any law and is not a Qualified Health Plan under the Affordable Care Act.
- Excludes prescription drugs, arestin products, pastes, gums, rinses and over the counter drugs.

Arlington Dental Group
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Arlington Dental Group Discount Program Enrollment Form

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- Ten Percent (10%) discount on Invisalign, Five Percent (5%) if using Care Credit
- *Free cleaning/exam forfeited if patient fails to show up for appointment.*
- **Our plan is NON-refundable.**
- **This is a dental discount plan and is NOT dental insurance.**

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Registration:

Name: _____ Date of Birth: _____

Contact Phone Number: _____ Email Address: _____

I have received, read and understand the contract for the Arlington Dental Group Discount Program.

Signature: _____ Date: _____

We are currently Welcoming New Patients, if you know of a co-worker, friend, or family member who would benefit from this offer.
