

# Colorado Family Dentistry Dental Savings Plan

## *Perio-Care Plan*

*All of your periodontal maintenance dental care  
Starting at less than \$42 per month (billed annually)!*

Group Plans: Perfect for families and businesses.

# of Subscribers	Cost Per Year Per Subscriber	
	<i>Basic Plan</i>	<i>Advanced Plan</i>
1-2	\$498	\$598
3-5	\$469	\$569
6-10	\$458	\$558
11-49	\$449	\$549
50+	\$439	\$539

This dental savings plan is an exclusive offer and may not be valid with other offers, specials or plans.

Included Procedures	<i>Basic Plan</i>		<i>Advanced Plan</i>	
	Number Allowed Per Year	Usual Cost	Number Allowed Per Year	Usual Cost
Exams	2	\$140	2	\$140
X-rays	1	\$122	1	\$122
Fluoride	2	\$90	2	\$90
Perio-Maintenance Visit	3	\$438	4	\$584
	<b>Regular Cost</b>	<b>\$790</b>	<b>Regular Cost</b>	<b>\$936</b>
Total Yearly Cost	<b>Savings Plan Cost</b>	<b>\$498</b>	<b>Savings Plan Cost</b>	<b>\$598</b>
<b>Yearly Savings</b>		<b>\$292</b>	<b>\$338</b>	

Included benefits:

- **\*10% off of all services not covered under the savings plan**
- **\*15% off of all services not covered under the savings plan where the treatment plan is \$1000 or more and is paid in advance.**
- **Doctor's Exam:** 1 Comprehensive exam for new patients and 2 Routine Exams per year
- **Perio Maintenance Visits:** 3 visits per year (Basic Plan) or 4 visits per year (Advanced Plan) and 2 fluoride varnish treatments per year
- **X-rays:** 1 Full mouth X-ray series for new patients and 1 full mouth x-ray series every 3 years thereafter plus 4 bitewing x-rays & 2 periapical films every year.



The Colorado Family Dentistry dental savings plan is not an insurance plan, this is a savings plan offered to all customers. This savings plan is an exclusive offer and may not be valid in conjunction with other specials, discounts or offers. The plan covers x-rays for routine hygiene visits and initial examinations. The plan does not cover additional x-rays required for emergency exams or other diagnostic purposes.

Scaling and root planning (SRP) also known as a deep cleaning is not an included benefit under this plan but subscribers will receive the 10% plan discount for this procedure. Utilization of benefits is the patient's responsibility. The plan renews on a yearly basis and patients will be invoiced every 12 months from the date of purchase. Rates for the plan are not fixed and may increase for subsequent years. There is no obligation to the patient to purchase the plan at the time of renewal.

\* 15% off of additional services is only offered when paying with cash, check or credit card.

Date: \_\_\_\_\_

Number of Adult Members: \_\_\_\_\_

Number of Child Members: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Subscriber Signature: \_\_\_\_\_

CFD Signature: \_\_\_\_\_