



# Dental Health Club Membership

NEVER LET THE COST OF DENTAL CARE BE AN OBSTACLE TO YOUR ORAL HEALTH  
To make dental care more accessible we have created our own Dental Health Club.

For a low annual fee, patients with no dental insurance can join and receive all yearly exams, two regular cleanings and all recommended x-rays. Additional services are discounted 15% off the office fees.

## ANNUAL PLAN OPTIONS

Adult Benefits Include: (14 years and older)

- 2 Routine Exams (D0120)
- All Necessary Hygiene X-Rays (D0210, D0272, D0274, D0330)
- 2 Routine Cleanings (D1110)
- 1 Urgent Care Exam (D0140)
- Periodontal Disease Screening (D0180)
- 2 Fluoride Treatments (D1206) up to age 18
- 30% OFF Sealants (D1351) up to age 18
- 15% OFF additional services

\$ 450.00 Annually

Child Benefits Include: (13 years and younger)

- 2 Routine Exams (D0120)
- All Necessary Hygiene X-Rays (D0210, D0272, D0274, D0330)
- 2 Routine Cleanings (D1120)
- 1 Urgent Care Exam (D0140)
- 2 Fluoride Treatments (D1206)
- 30% OFF Sealants (D1351)
- 15% OFF additional services

\$ 375.00 Annually

A one-time enrollment fee of \$25.00 will be applied to all new accounts

Questions? Call us @ 508.759.2724 or visit

[www.BourneDental.com](http://www.BourneDental.com)

This program is a discount savings plan. It cannot be used along with any dental plan, workers' comp claim, referrals to specialists, or in conjunction with other discounts or promotions. Other restrictions may apply. Call for details. Prices subject to change. This is an annual enrollment; no partial refunds will be given if you discontinue the plan. Child patients are considered through age 13.



## Application Dental Health Club Membership

All fields are required

|                |  |                |            |              |
|----------------|--|----------------|------------|--------------|
| Last Name      | First Name   | Middle Initial | Gender M/F |              |
|                |  |                |            |              |
| Street         | City   | State          | Zip        | Phone Number |
|                |  |                |            |              |
| Employer       | Are you utilizing this plan in lieu of dental ins? Y / N |                |            |              |
| Email Address: | Date of Birth  |                |            |              |

### Additional Members

Please list eligible dependents to be added to your policy.

| Last Name | First Name | Date of Birth | Relationship | M/F |
|-----------|------------|---------------|--------------|-----|
| 1.        |            |               |              |     |
| 2.        |            |               |              |     |

#### Plan Exclusions and Limitations

- This is a discount Plan, not a dental insurance plan.
- Services may be restricted due to general health, physical or psychological limitations of patient.
- Not to be combined with any other dental plans, dental coverage, workers 'comp claims, insurance claims.
- One-time enrollment fee of \$25 per patient is due at time of signup. *Non-refundable.*

I have read and understand all terms, plan exclusions and limitations. Your policy will become effective upon receipt of your premium.

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