BRILLIANT SMILES
DENTAL GROUP
Cosmetic & Restorative Dentistry

VIP Dental Plan

Date: _____ Location:_____

Welcome! We are glad to have you as part of our practice and trust that our relationship will be long lasting. Our staff will do everything to make your visits as comfortable and convenient as possible.

Applicant's Name: _____
Parent/Guardian Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____

Annual Fee: $199 ($229 with full mouth series x-rays)

Registration Date _____ Expiration Date _____
(One year from registration)

The VIP Dental Plan includes the following services and benefits:
Two (2) periodic exams per registration period
Two (2) cleanings per registration period
Two (2) oral cancer screens
Annual bitewings / fluoride treatments

- Adults: four X-ray films per year; no fluoride treatment
- Children: two X-ray films per year plus one fluoride treatment

15 – 20% discount off of any additional recommended dental treatment

- 15% discount off dental procedures with an outside lab fee
- 20% discount off dental procedures without a lab fee

Services are offered for twelve (12) consecutive months from the registration date. Plan goes into effect upon receipt of full payment. Partial reimbursements cannot be made for services that are not utilized. Unutilized services cannot carry over into following years. All other dental services must be paid for at the time of service.

_____ _____ _____
Signature of Patient/Guardian Date Staff Member Signature