



NOAH FAMILY DENTISTRY

C. MacRae Noah, DDS

Dental Membership Plan

Don't have dental insurance? Our membership plan is for you!

Our plan is valid for 365 days from the day you join. NO deductible or maximums!

Standard Adult Plan- \$395/year

- 2 Professional cleanings
- 2 Exams
- All routine Xrays
- Oral cancer screening with cleaning
- 2 Emergency Visits with xrays
- 2 Fluoride treatments
- 15% off recommended treatment

Standard Child Plan- \$299/year (under age 14)

- 2 Professional cleanings
- 2 Exams
- All routine Xrays
- Oral cancer screening with cleaning
- 2 Emergency Visits with xrays
- 2 Fluoride treatments
- 15% off recommended treatment

Perio Maintenance Plan- \$575/year (Age 14 & Up)

- Free Sonicare Toothbrush to kickstart a healthy smile!!
- 3 Perio Maintenance Cleanings
- 2 Exams
- All routine Xrays
- Oral cancer screening with cleaning
- 2 Emergency Visits with xrays
- 2 Fluoride treatments
- 15% off recommended treatment, 25% off Scaling and Root Planing

Terms and Limitations

1. This is a Dental Membership plan, NOT dental insurance. It can NOT be combined with any other insurance, discount plan, or savings plan.
2. The plan comes into effect the day you sign the membership agreement and will term on the effective day the following year.
3. It is the member's responsibility to utilize the services included in this agreement. Any unused benefits cannot be carried over to the next year or refunded.
4. Payment is due at the time of service for any recommended treatment.
5. This plan is only accepted at Noah Family Dentistry. If you are referred to a specialist, this plan will not apply to services done in that office.
6. This plan is non-transferrable and can only be used for the registered member of the plan.
7. This plan is non-refundable if the member chooses not to utilize all the benefits listed.
8. A fee may be incurred for each broken appointment without 24 hours notice. Fee is based on the length of the appointment and discounts do not apply.
9. Rates are subject to change annually.

By enrolling in the Noah Family Dentistry Membership Plan, I acknowledge that I have reviewed, understand and agree to the terms and conditions of the membership presented by the dental office upon enrollment. I authorize Noah Family Dentistry to process my payment as listed in this Agreement.

Member Name _____

Member Signature (or guardian) _____

Date _____