



Emerald Coast

Dental Spa • Dental Sleep Medicine

900 THOMAS DRIVE . PANAMA CITY BEACH, FL . 32408

Dental Savings Plan

Our Dental Savings plan is designed to provide exceptional dental care without the limitation of regular dental insurance plans. You will save on everything from cleanings and fillings to cosmetic procedures and crowns.

Membership Plan Advantages:

- No deductibles
- No Yearly maximums
- No claim forms
- No pre-authorization requirements
- No pre-existing condition
- Immediate eligibility (no waiting periods)
- Free Consultations

Yearly Membership Premium:

Individual: \$399

Additional Membership (Within the same household): \$329

Early Renewal (Before Existing plan expires): \$375

Plan Benefits per Year

Comprehensive Exam (D0150), (New Patient Exam)

2 Limited Exam with X-Ray per year (D1040 & D0220), (Problem focused, 1 per year)

Exam (D0120) (2 per year)

2 Healthy Mouth Cleanings per Year (D1120 or D1110)

1 set of Bitewing X-Rays per year (D0274)

Fluoride Treatment 2 per year (D1206)

Additional Discounts on other procedures includes:

50% Discount on Complete series of X-Rays (D0210) or Panorex (D0330) Every 3 years

20% Discount on Sealants, Fillings, Crowns, Veneers, Gingival Therapy, Periodontal Treatment, Dentures, Partials, Root Canals and Oral Surgery

Value: \$500 +

Program Terms and Limitations

- Our program is a discount savings plan, NOT a dental insurance plan, and is not secondary to any other dental plan. It CANNOT be combined/ used with any other dental plans, services for injuries covered under workman’s compensation, hospitalization or hospital charges of any kind, costs of dental care which is covered under automobile medical. This savings plan does not cover treatment which in the sole opinion of the Doctor lies outside the realm of their capacity or procedures that are referred to specialists.
- This plan is honored at Emerald Coast Dental Spa & Sleep Medicine only. All discounts are available solely through Emerald Coast Dental Spa & Sleep Medicine.
- There are no discounts on consumable items such as Electric toothbrushes, Supplements, Prevident, etc.
- Cosmetic procedures such as Botox, Dysport, Fillers & Whitening are not included in the discount plan.
- Membership Premium is due at the time of the first exam.
- Membership coverage begins on the day you register and is good for 12 months.
- All payments are non-refundable. No refunds of premiums will be issued at any time if the participant decides not to utilize the dental plan. If benefits are not used within the plan year, they cannot be carried over to another year.
- Our dental plan is non-transferrable. Family members cannot be substituted in for another family member.
- The two healthy mouth cleanings included in this plan are standard cleanings. Should you need gingival therapy, periodontal maintenance, or any additional cleanings, there will be an out of pocket expense, but discounted under the plan.
- All financial terms of Emerald Coast Dental Spa & Sleep Medicine are applicable to the membership plan.
- All treatment must have a 50% reservation fee to appointment & PAID IN FULL at the time the services are rendered.
- If you choose our monthly payment option with Care Credit a 9% merchant fee is added for financing under \$5,000. (12- 18 months 0% interest may be available based on approval.)
- Missed or broken appointments without 24 hour notice will be subject to missed appointment fee of \$150.
- Membership fees and plan discounts are subject to change on an annual basis.

Member information:

Yearly Membership Premium:

Individual: \$399

Additional Membership (Within the same household): \$329

Early Renewal (Before Existing plan expires): \$375

Member’s Information Enrolling in Savings Plan (Fill out a new agreement for each participating member in the savings plan.):

Last Name: _____ First Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

By signing below you are agreeing to the above mentioned Terms and Limitations for our In-House Dental Savings Plan.

Member’s Printed Name _____

Member’s/ Guardian’s Signature: _____ Date: _____

Guardian’s Printed Name (If Applicable): _____