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General and Cosmetic Dentistry

Dr. Marquez's Preferred Savings Program

In an effort to encourage optimal dental health and make treatment more affordable for our valued patients, we have developed **Dr. Marquez's Preferred Savings Program**.

This in-house savings program is for patients who do not have dental benefits or for those who find that our program is more cost effective than their current dental coverage plan.

Plan Membership Yearly Cost: \$350

Plan Value is \$703 and includes:

- Comprehensive Exam
- Necessary X-rays
 - Full Mouth X-rays (1 every 3 years)
 - Panoramic X-ray (1 every 3 years)
 - Checkup X-rays yearly
- Oral Cancer Screening
- Emergency Visits and Necessary X-rays
- Two (2) Dental Cleanings (prophylaxis D1110)
- Two (2) Fluoride Varnish Treatments
- Oral Hygiene Instructions
- 20% courtesy on all other dental treatment performed in this office including periodontal and cosmetic procedures

BONUS: Immediate family members at same address enjoy a 10% courtesy on their membership fee!

Plan Benefits:

- No annual deductible
- No annual maximums
- No preauthorization required
- No waiting period for major treatment
- No missing tooth or pre-existing conditions clause
- Cosmetic procedures are included
- Portability – This plan stays with you regardless of you or your spouse's employer
- You and your dentist, not the insurance company, make treatment decisions

Terms and Limitations:

- Annual enrollment fee is non-refundable, even if benefits are not used.
- Effective date is the day you sign up and the renewal date is the same every year; there are no extensions, and unused benefits cannot be carried over.
- Lapse of coverage will require a \$50 administrative fee, in addition to the membership fee.
- It *cannot* be combined with dental insurance, reduced fee dental plans or offers.
- It is our in-house program; it does *not* apply to any specialists you may be referred to.
- This program *cannot* be used for dental care that is covered under automobile or medical insurance, or workman's compensation insurance or any type of lawsuit.
- The membership plan is *non-transferrable* between family members.
- Rates are subject to change annually.
- Payments are due at the time of service. If you choose to extend your payment for treatment by utilizing CareCredit or similar plan, the normal 20% treatment discount is reduced to 10% to cover merchant fees.
- The savings program is for dental services only; products are not included.
- For orthodontic treatment, patient must remain a program participant for the entire duration of orthodontic treatment.
- It is the responsibility of the member to schedule appropriate appointments.
- This is *not* a Qualified Health Plan under the Affordable Care Act.
- A fee (based on the length of appointment) will incur for each broken appointment without a 24-hour advance notice.

Dr. Marquez and her team have reviewed the Preferred Savings Program with me. I've had the opportunity to ask questions, and I fully understand the benefits and limitations.

Patient Name: _____ Patient Signature: _____

Staff Name: _____ Staff Signature: _____

Effective Date: _____ Payment Method: _____

(Cash, Check, Credit Card)