



The Perfect Plan

No insurance? This plan is perfect
for maintaining your dental health
on a budget.

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12740 Spruce Tree Way
Suite 104
Raleigh, NC 27614

M - Th: 8am - 5pm
Friday: 8am - 1pm

Davidian Family & Cosmetic Dentistry has created **Perfect Plans** for patients without dental insurance. Your **Perfect Plan** allows you to finance necessary and subsequently recommended appointments and treatment. Further added benefits of the **Perfect Plan** include direct savings on radiographs, fluoride, and additional treatments. **Perfect Plans** allow our patients to plan for their dental care financially, and helps us serve you. *Follow these steps...*

Step 1 - Perfect New Patient Appointment

The Perfect Plan begins with the Perfect New Patient Appointment. The Perfect New Patient Appointment is an opportunity for us to get to know each other. After the initial appointment we will recommend your Recare Perfect Plan Option.

- **CHILD** (<18yo, Primary or Mixed Teeth): Comprehensive Exam, Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride. - **\$496 (\$154 savings!)**
- **YOUNG ADULT** (<18yo, Permanent Teeth): Comprehensive Exam, Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride. - **\$518 (\$157 savings!)**
- **ADULT** Comprehensive Periodontal Exam (includes a detailed evaluation of your gum condition and bone support), Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride. - **\$604 (\$167 savings!)**
- **ADULT** Comprehensive Periodontal Exam, Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride. - **\$636 (\$171 savings!)**
- **ADULT** Comprehensive Periodontal Exam, FMD/STM1 (full mouth debridement, soft tissue management), Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride. To be done in 2 visits. - **\$873 (\$197 savings!)**
- **ADULT** Comprehensive Periodontal Exam, Bitewing X-Rays only. For patients that need future Scaling & Root Planning, Soft Tissue Management. - **\$494 (\$55 savings!)**

Step 2 - Choosing Your Recare Perfect Plan

After your Perfect New Patient Appointment, we will recommend a maintenance plan and RECARE INTERVAL to maintain optimal dental health for you.

(Patient Name): _____

Each plan represents a 10% savings as well as: 2 Professional Fluoride Treatments (a \$98 value) at no charge.

PLAN A - HEALTHY GUMS

- 6 Month Recare Perfect Plan - CHILD**
2 cleanings per year - \$388/year, \$32.33/month
- 3 Month Prophy (cleaning) Perfect Plan - ADULT**
4 cleanings per year - \$652/year, \$54.33/month
- 4 Month Adult Prophy (cleaning) Perfect Plan - ADULT**
3 cleanings per year - \$546/year, \$45.50/month
- 6 Month Prophy (cleaning) Perfect Plan - ADULT**
2 cleanings per year - \$437/year, \$36.42/month

PLAN B - PERIODONTAL PLANS

- 2 Month Periodontal Maintenance Perfect Plan - ADULT**
6 periodontal maintenance visits per year - \$1261/year, 105.08/month
- 3 Month Periodontal Maintenance Perfect Plan - ADULT**
4 periodontal maintenance visits per year - \$911/year, \$75.92/month
- 4 Month Periodontal Maintenance Perfect Plan - ADULT**
3 periodontal maintenance visits per year - \$751/year, \$62.58/month

Step 3 - Choose Add-ons

The following treatments can be added at a 5% discount

1. Vizilite Oral Cancer Screening
2. Scaling and Root Planning (to treat periodontal/gum disease)
3. Cosmetic treatment, whitening, fillings, crowns, extractions, tooth replacement, etc.
4. Nitrous Oxide Gas, Anxiolysis (Valium), or Conscious Sedation
5. Products: whitening gel, Rx toothpaste
6. For RECARE INTERVALS: updating your Upper & Lower PA's (X-Rays of front teeth) every 2 years and updating your Panorex (full side-to-side X-Ray) every 3-5 years.

Step 4 - Billing Information and Agreement

Patient, please read the following, and then sign below to indicate your full understanding:

- The Perfect Plan can be billed by credit card or Care Credit via the account #/info kept on file.
- Annual renewal is necessary. Perfect Plans run on a calendar year, and any benefits not used at the end of the year do not carry over to the next year.
- Sign-ups for the Perfect Plan are only offered through July for 6 month plans, through April for 3 month and 4 month plans.
- Benefits cannot be transferred to another patient.
- Every patient is responsible for scheduling applicable appointments. We will not give refunds for missed appointments, broken appointments or non-compliance.
- If the patient refuses radiographs, fluoride, or anything else bundled with the Perfect Plan, they forfeit the value of the service and no refunds or credits will be issued.
- Guarantor understands scheduled payments will be applied on the first business day of the month.
- Guarantor is responsible for any balances owed and should notify Davidian immediately with a change in payment method.

Patient Name: _____

Guarantor Printed Name: _____

Guarantor Signature: _____

Payment Information:

- Care Credit
- Credit Card
 - Visa
 - Mastercard

Name as Appears on Card (Guarantor's name): _____

Relationship to Patient: _____

Billing Address: _____

Card/Account Number: _____

Expiration Date (Mo/Yr): _____ **Security code:** _____

Staff Only

1) Initial Charges due to initiate your Perfect Plan

Todays Date: _____ **Perfect Plan Chosen:** _____ / \$_____ **mo.**

Initial months payments are due upon signing up: **JAN / FEB / MAR / APR / MAY / JUN / JULY**

Your Signature to Authorize charges on the above account for the following amounts:

Initial Charge: \$_____

Recurring Monthly Charge: \$_____ beginning (mo/yr) _____ and concluding December _____ (year).

SIGNATURE TO CHARGE THE ABOVE AMOUNTS TO YOUR ACCOUNT:

(Guarantors Signature)

_____ Staff initials who reviewed plan _____ DDS/Acct verified amounts
Account charged for **1) initial month(s)** _____ **Date:** _____ **ES:** _____ **Staff initials:** _____

2) Future Deductions, please initial below the month to verify it has been drafted & noted in Eaglesoft account as a prepayment: **JAN /FEB /MAR /APRIL /MAY /JUNE /JULY /AUG /SEPT /OCT /NOV /DEC**

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