



## 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 budget and 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 - Our Perfect New Patient Appointment

The Perfect Plan begins with our Perfect New Patient Appointment. The Perfect New Patient Appointment is an opportunity for us to get to know each other. After the initial appointment, Dr. Melissa Davidian and our dental team will recommend your Recare Perfect Plan Option. **The savings of 15-25% is reflected below:**

- **CHILD** (<13yo, Primary or Mixed Teeth): Comprehensive Exam, Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride, upper and lower PA's of front teeth and Panorex. - **\$530 (a savings of 24%)**
- **YOUNG ADULT** (<18yo, Permanent Teeth): Comprehensive Exam, Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride, upper and lower PA's of front teeth and Panorex. - **\$554 (a savings of 24%)**
- **ADULT** (>18yo): Comprehensive Exam, Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride, upper and lower PA's of front teeth and Panorex. - **\$633 (a savings of 23%)**
- **ADULT** Comprehensive Periodontal Exam (includes a detailed evaluation of your gum condition and bone support), Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride, upper and lower PA's of front teeth and Panorex. - **\$658 (a savings of 22%)**
- **ADULT** Comprehensive Periodontal Exam, FMD/STM1 (full mouth debridement, soft tissue management), Prophy (Cleaning, Scale, Polish), Bitewing X-Rays, Fluoride, upper and lower PA's of front teeth and Panorex. To be done in 2 visits (does not include additional cleaning/Prophy appointments or fine scale appointments). - **\$905 (a savings of 20%)**
- **ADULT** Comprehensive Periodontal Exam, Bitewing X-Rays only. For patients that need future Scaling & Root Planning, Soft Tissue Management (does not include any gum treatments or hygiene visits). - **\$518 (a savings of 14%)**

## Step 2 - Choosing Your Recare Perfect Plan

After your Perfect New Patient Appointment, Dr. Melissa Davidian and our dental team will recommend a maintenance plan and RECARE INTERVAL to maintain optimal dental health for you.

(Patient Name): \_\_\_\_\_

**Each plan represents a 20% savings (including one set of Bitewing X-Rays per year, two Periodic exams, and two Professional Fluoride Treatments!)**

### PLAN A - HEALTHY GUMS

- 6 Month Recare Perfect Plan - CHILD**  
2 cleanings per year - \$410/year, \$34.17/month
- 3 Month Prophy (cleaning) Perfect Plan - ADULT**  
4 cleanings per year - \$688/year, \$57.33/month
- 4 Month Adult Prophy (cleaning) Perfect Plan - ADULT**  
3 cleanings per year - \$571/year, \$47.58/month
- 6 Month Prophy (cleaning) Perfect Plan - ADULT**  
2 cleanings per year - \$458/year, \$38.17/month

### PLAN B - PERIODONTAL PLANS

- 2 Month Periodontal Maintenance Perfect Plan - ADULT**  
6 periodontal maintenance visits per year - \$1326/year, \$110.50/month
- 3 Month Periodontal Maintenance Perfect Plan - ADULT**  
4 periodontal maintenance visits per year - \$1050/year, \$87.50/month
- 4 Month Periodontal Maintenance Perfect Plan - ADULT**  
3 periodontal maintenance visits per year - \$776/year, \$64.67/month

## Step 3 - Additional Needs

*The following treatments to be added at a 5% discount upon Dr. Melissa Davidian's recommendation:*

1. Vizilite Oral Cancer Screening and/or Salivary DNA testing
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. If using Care Credit, the treatment discounts cannot be combined with Care Credit Interest Free Financing.
- 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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