



Ward Creager Family and Cosmetic Dentistry

1690 N Washington Blvd, Ogden, Utah (801) 782-4233

In-House Patient Discount Plan Membership Form

Patient Benefits

Included Preventative Services

Every six months: Cleaning, Exam, Topical Fluoride

As prescribed, typically annually: Bitewing x-rays

As needed, typically every three (3) years: panoramic x-ray

Members of the In-House Discount Plan will receive **15% off of regular in-house fees** for any additional required dental services provided by Ward Creager Family and Cosmetic Dentistry.

Membership Fee

Cost of membership in the In-House Discount Plan, due every six (6) months:

		Total Family Fee	Savings on Preventative Care
Individual	\$185		\$51
2nd Family Member	\$160	\$345	\$126
Additional Family			
Members over 12	\$160	\$405 (3 people)	\$202
Children 12 and Under	\$125?		

Terms and Conditions

Membership is valid for 12 months from the sign-up date, and all prepaid services must be used within that time frame. Membership Fee is due at the time of enrollment or renewal. Only non-insured patients are eligible for membership in the In-House Discount Plan. Discount Plan cannot be used with or in addition to dental insurance. Only immediate family members are eligible for family plan. Children may be included on a family plan until age 21. Periodontal maintenance not included. Membership is not dental insurance, is non-transferrable, has no cash value, and may not be redeemed for cash. Some exclusions and limitations may apply depending on the treatment needs for your oral health.

Patient Agreement

I, the undersigned, agree to abide by the terms and conditions of the Ward Creager Family and Cosmetic Dentistry In-House Patient Discount Plan. I understand that as a member of said Discount Plan I [and my family] will be eligible for the benefits listed above and agree to pay, at the time of services, the indicated membership fee as well as all treatment fees.

Printed Name: _____ Date: _____

Signature: _____

Number of Family Members included in membership: _____ Fee due every 6 months: _____



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In-House Patient Discount Plan

Family Plan Covered Individuals:

Individual: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

1st Child: _____ Date of Birth: _____

2nd Child: _____ Date of Birth: _____

3rd Child: _____ Date of Birth: _____

4th Child: _____ Date of Birth: _____
