Ward Creager

Family and Cosmetic Dentistry

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

In-House Patient Savings Plan
Membership Form

Patient Benefits

Included Preventative Services

Every six months: Cleaning, Exam, Topical Fluoride
As prescribed, typically annually: Bitewing x-rays and Periapical x-rays
As needed, typically every 3-5 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 Savings Plan, due at every visit:

	Cost
Individual	$200
Each Additional Family Member (14 years & older)	$175
Children 13 years and under	$150

Terms and Conditions

Membership is based on a contract year for 12 months from the sign-up date, Membership fee is due at each visit and patient must complete 2 preventive visits within a 12 month period. If 2 visits are not completed within the allowed time, the plan will be canceled, and patient will pay the full fees for the following preventative visit and lose the 15% savings on additional treatment for 6 months. Patients can sign up again after 1st full fee appointment for preventative care. Only non-insured patients are eligible for membership in the In-House Savings Plan. 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 Savings Plan. I understand that as a member of said Savings 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 at every visit: _____

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

In-House Patient Savings 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:_____

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