



Ward Creager

Family and Cosmetic Dentistry

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

**Periodontal In-House Patient Savings Plan
Membership Form**

Patient Benefits

Included Preventative Services

Twice a year: Periodontal maintenance, Exam, Topical Fluoride

As prescribed, typically annually: Bitewing x-rays and Periapical x-rays

As needed, typically every 3-5 years: panoramic x-ray

Additional Savings:

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 Periodontal In-House Savings Plan, due at every visit:

Maintenance Care	Cost
Individual	\$245
3rd/4th without exam & x-rays yearly visit when prescribed	\$130

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. 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 Periodontal In-House Patient Savings Plan. I understand that as a member of said Savings Plan I 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: _____ Fee due at every visit: _____