



## THE GREEN PLAN

### What is it?

The Green Plan is our in house discount dental plan that is not insurance, but offers simple, same-day savings to your dental care. You can receive all the rewards of dental insurance without the headaches:

- No deductibles
- No waiting periods
- No yearly maximums
- No exclusions for cosmetic or elective care

With the Green Plan, you can receive dental insurance savings without the high premiums or a middle man deciding on your level of benefit. You'll never need to miss a dental appointment again.

### What is included?

#### Regular Hygiene

- 3 hygiene visits\* per year + 2 fluoride treatments per year (13 & under only 2 visits per year)
- 1 emergency visit per year
- 1 set of basic diagnostic x-rays per year or 1 set of full mouth x-rays at an additional cost\*
- **18% courtesy on all needed treatment, including elective, cosmetic, and restorative care**

#### Perio

- 4 perio visits\* per year + 2 fluoride treatments per year
- Plus everything included in the regular hygiene program

\*The program recommended to you will be determined at your initial visit

### What is the cost?

Regular Hygiene Plan (patients 14 & older) - \$600 per year or \$50 per month.

Regular Hygiene Plan (patients 13 & under) - \$450 per year or \$37.50 per month

The Perio Plan - \$750 per year or \$62.50 per month.

**The first 3 months must be paid on the day of enrollment.** This membership fee is non-refundable once services and benefits are used. If you decide to make monthly payments, a separate credit card authorization agreement will need to be signed.



## Terms and Conditions

- **New patients** will need to first complete an initial comprehensive exam and full set of diagnostic x-rays totaling \$150.
- \*The following are included in each hygiene visit: prophylaxis adult or child, periodic exam, and fluoride two times per year. In each perio visit: periodontal maintenance, exam, and fluoride two times per year.
- \*The additional cost for a set of full mouth x-rays is \$50, which will be charged on the day of that appointment.
- If Dr. Bien determines you need to enroll in the perio program, you must first complete a full mouth deep cleaning (scaling and root planing) plus soft tissue laser treatment (optional).
- If a fourth hygiene (includes cleaning, exam, and fluoride treatment) is deemed necessary by Dr. Bien, for example, for patients with documented periodontal conditions on the regular hygiene plan, then there will be a 10% courtesy applied to the full cost of the appointment based on the practice's UCR fees.
- This is a strict regimen to keep your oral health in check. **The 3 regular hygiene visits or 4 perio visits MUST be completed within 12 months of signing up with the plan.** There will be no rollover visits for the following year. Whatever is paid for and not used will expire.
- This agreement begins as of the effective date stated below and is in effect for one year from this date. After one year, the plan will automatically renew for another year unless otherwise terminated by the patient.
- The patient may terminate this agreement with our practice for any reason within 30 days of the effective date below, as long as no services or benefits have been utilized, and the practice will refund the full amount of fees that have been paid. If the patient terminates this agreement within the 30 days and services have already been completed, no refund will be issued and the patient will have to pay the full amount of the services rendered previously based on the practice's UCR fees. Additionally, our practice may terminate the membership plan for any reason within 30 days of the effective date below. No terminations will be honored after 30 days.

**I have read and agree to all of the conditions and terms of the practice described above. I understand participation in this membership plan is strictly voluntary. I understand that this agreement constitutes the entire agreement between the parties and supercedes all other agreements, oral or written.**

**PATIENT NAME (PRINTED):** \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_

**OFFICE STAFF NAME (PRINTED):** \_\_\_\_\_

**OFFICE STAFF SIGNATURE:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_