



East Brunswick Family & Implant Dentistry, P.A.
Gabriel Ruiz, D.M.D. & Associates
General Dentistry

East Brunswick Family and Implant Dentistry is happy to announce an In-House Dental Plan to make dentistry more affordable to our patients. This is strictly for in-office treatment. There are **NO yearly maximums and NO deductibles**. Membership becomes effective the day of payment. The cost is \$295 per adult patient and is effective for one year.

In-House Dental Plan	Regular Office Fees
Two regular dental cleanings	\$222.00
Two Periodic Exams	\$122.00
Full Mouth X-rays	\$162.00
Checkup X-rays	\$142.00
Emergency Exams (2x per year)	\$236.00
Fluoride Treatment (2x per year)	\$ 90.00

Our In-House Plan includes:

- Annual fee is **\$295** for each individual household member. This plan is non-transferable.
- Services mentioned above (inclusive to yearly membership)
- A 15% savings on all basic and major dental procedures. (Total cost will be presented prior to treatment).

This is a dental discount plan and is NOT dental insurance.

- Plan members cannot be substituted.
- Term of the dental savings plan (DSP) is 1 year from date of enrollment.
- This plan has no maximums, deductibles, claim forms, pre-authorizations, waiting periods, missing tooth clauses or pre-existing condition exclusions.
- This plan is only valid at East Brunswick Family and Implant Dentistry. Not for use in any other office.
- All treatment must be paid in full at the time of visit. No exceptions. (If not, standard office fees will apply).
- Annual enrollment fees paid for each person must be paid in full on/or before their first visit. Fees are non-refundable
- CareCredit cannot be used to pay for fees.
- Renewal will have a 5% discount of membership fee.
- Plan and enrollment fees are subject to change annually without notice.
- No refunds will be issued at any time if participant does not utilize dental plan.
- If diagnosed with periodontal disease, a periodontal maintenance procedure must be done in lieu of a regular dental cleaning. The first and second appointments for the membership year will be covered under your membership plan and the third and fourth periodontal maintenance will be discounted by 15% per the membership plan (fee to be disclosed prior to treatment).

This dental savings plan is for eligible members. Excluded services are:

- With CareCredit if treatment plan price is under \$2,000.00
- Cannot be used when referred to specialists.
- For services which, in the opinion of the attending dentist, are not necessary nor recommended for the patient's health.
- For services which cannot be performed because of the general health, physical or psychological limitations of the patient.
- For any retail product sold in the office including all oral health products and take-home whitening products

In-House Plan Patient Registration

Last Name _____ First _____ MI: _____

Address _____ City, State, Zip _____

Cell Phone _____ DOB: ____/____/____

Employer: _____

Person Responsible for Bill (complete only if different from patient; must be present to sign)

Relationship to Patient: () Spouse () Parent

Last Name _____ First _____ MI _____

Address _____ City, State, Zip _____

Cell Phone _____ DOB: ____/____/____

Employer: _____

Total Due for Membership - \$ _____

Effective Date: _____ Renewal Date _____

Method of Payment: () Cash () Check () Credit/ Debit Card

Please read and sign disclaimer

- Fees for Dental services are due in full at the time of service in order to receive the plan savings
- Fees for prosthodontic services are due at the time of preparation- the initial visit
- Our In-House Dental Plan fees are not transferable
- There is no roll over or refund for unused services in the effective year
- There are no refunds on the In-House Dental Plan after any services have been rendered
- Our In-House Dental Plan is only effective for services rendered at East Brunswick Family and Implant Dentistry.

I _____ acknowledge that I am financially responsible for payment, in full, at the time of services in order to take advantage of the savings being offered on my In-House Dental Plan at East Brunswick Family and Implant Dentistry. If I choose not to pay at the time of service, I understand that I will be responsible to pay the office fees for the service performed.

Signature: _____ Date: _____

Witness: _____ Date: _____