

GALLERIA

F A M I L Y D E N T A L

ADVANCED DENTISTRY

Name: _____ DOB: _____

Address: _____

Phone Number : _____ SSN : _____

Dependants:	Name	DOB	Relation

Enrollment Fee: Effective Date: _____ Renewal Date: _____

Patient	Fee	Number	Total
1st Member	\$350	X _____	\$ _____
Each Additional Adult	\$275	X _____	\$ _____
Each Dependant 7+	\$250	X _____	\$ _____
			\$ _____

I, _____, do hereby understand the policies and limitations of the Galleria family Dental In-Office Discount Plan. Furthermore, I understand the office policies of Galleria Family Dental and agree to them.

Plan Description

Welcome to the Galleria Family Dental In-Office Dental Discount Plan. This plan was developed especially for patients who do not have dental insurance or whose employer no longer provides it. As regular dental is integral part of your overall health, we have created this plan to support you and your efforts. We hope that you utilize this plan to improve and maintain the oral health for yourself and your family for years to come. Keep in mind that this plan is not dental insurance, but it has a number of great features that are very exciting.

- No annual maximum benefit
- No waiting periods
- No deductible
- No pre-authorizations
- No ID card necessary

Benefits Included

- Two routine exams
- One set of bitewing X-rays
- Two routine cleanings
- One emergency exam and X-ray
- All eligible dental treatment discounted when paid in full at the time of service

Enrollment Fees

Payment of enrollment fees initiates coverage. When paid in full, you become eligible for all covered services at a discount. Discounts are listed on the following page.

Single Member	\$350
Each Additional Adult	\$275
Dependants 7 and up	\$250

How To Enroll

- Complete the enrollment application
- Pay the enrollment fee in full to activate membership

Contact Us

Please don't hesitate to contact us if you have any questions about enrollment, covered services, eligibility, or our office. For additional information, please call our office at 702-433-9200 or visit our website at www.galleriafamilydental.com

Please bring completed applications and enrollment fees to our office or mail to our address.

Policies and Exclusions

Eligibility

- This plan is only valid at Galleria Family Dental
- This in-office discounted plan is not dental insurance.
- To be an independent member, you must be 18 or older and a resident of the state of Nevada.
- Your eligible dependents include your spouse or domestic partner and your children through the age of 25.
- This plan cannot be combined with any other dental insurance.
- This plan cannot be combine with any other offers.
- If the patient has and elects to use dental insurance then insurance plan fees, payments, and deductibles will apply.
- All patients are subject to Galleria Family Dental office policies.

Patient Initial: _____

Payments

- All payments are due at the time of service to receive the discount.
- Enrollment fees must be paid in full to receive discounts
- All payments are nonrefundable
- No refunds will be given if a member and/or spouse or children do not use the plan, relocate, or obtain dental insurance.
- 12-month term is effective from sign up date to renewal date.

Patient Initial: _____

Exclusions:

- Plans and fees are subject to change yearly.
- No discount will be offered for services requiring a referral to a specialist. Referral to a specialist is at discretion of the doctor.
- Should treatment be needed following an injury or 3rd party outside insurance is involved, the discount cannot be used
- Treatment initiated prior to enrollment is not eligible for discount.
- Prostheses delivered or in-progress treatment completed more than 60 days after termination of coverage is not eligible for discount.
- Treatment fees are guaranteed for 1 year from the date quoted by the office.
- Galleria Family Dental reserves the right to discontinue this plan for any member at any time.
- Two no-shows or cancellations without 24-hour notice can lead to you being dropped from this plan without a refund.
- A \$25 missed appointment fee is due for any appointment cancelled without 24 hours notice.
- Dental products not included.

Patient Initial: _____

Discounts:

General Services:

Extractions	15% off
Fillings	15% off
Root Canals	20% off
Crowns	20% off
Bridges	20% off
Implants	15% off
Periodontal Services	15% off

