

Smile

As You Save Money

We all know how important it is to feel comfortable at the dentist - even financially comfortable, especially for those without dental insurance. Just as we can put you at ease mentally during dental procedures, we can also take the pressure off your bank account, so you can leave with a smile on your face every time.

With our plan, visiting our office is less expensive than you think, and far less expensive than our competitors. Our plan offers an average of more than 30 percent off average prices in the area - which is sure to make you **and** your budget happy.

Enrollment is very easy.

Ask about our flexible payment options during your next visit, or contact us at 770.938.5828 for more comprehensive information.

Annual Membership

Discounted Plan Rate

Individual	\$259
Individual + Spouse	\$459
Each Additional	\$99

Benefits

That Will Make You Smile

- ★ **Extended monthly payment options** for restorative & cosmetic treatment.
- ★ **Unique. Attentive. Experienced.** Quality care for all patients and families based on their individual needs.
- ★ **Leading-edge technology** and state-of-the-art facilities.
- ★ **Need treatment today?** Absolutely, You're free from waiting periods.
- ★ **Deductible free, exclusion free, and no claims to file**
- ★ **Flexible financing available***

**subject to credit approval*

Plan Services

- ★ **Comprehensive Exam**
(1 per person per benefit year)
- ★ **Healthy Cleanings**
(2 per person per benefit year)
- ★ **X-Rays (Full Mouth Series)**
- ★ **Periodic Exam**
(1 per person per benefit year)
- ★ **All Other Dental Treatment Will Be Discounted 20%**
- ★ **Your Effective Date Is The Day You Enroll**

Enrollment Application In Office Dental Plan

Name: _____ Last _____ First _____ Middle _____

Address: _____ City _____ State _____ Zip Code _____

DOB: _____

SS #: _____

Phone: _____ (cell) _____ (work) _____

Email: _____

Enrollment Effective Date: _____

Renewal Date: _____

Credit Card Number: _____

Expiry Date: _____ CVT: _____

Dependents: _____

Name: _____ DOB: _____ Relation: _____

Name: _____ DOB: _____ Relation: _____

Name: _____ DOB: _____ Relation: _____

Program Disclaimer:

This is an in office dental plan not affiliated with any dental insurance plan or company. The fees outlined in the Dental Savings Plan Option or other established fees by **Diamond Dental Group, P.C.** are non-refundable. All Plan fees are due at the time of enrollment. An additional fee may be charged for any missed, cancelled or broken appointment without 24 hours prior notice. This Plan is non-transferable by patient. This Plan cannot be combined with any other insurance, dental plan, coupon or discount. Failure to comply with the terms of the Plan may result in termination of the Plan and forfeiture of any fee paid by patient or other third-party.

Diamond Dental Group, P.C. reserves the right to refuse treatment and/or terminate the patient's participation in this Plan with 30 days written notice if the patient's account becomes delinquent or patient is non-compliant. This Plan may be modified, amended or cancelled at any time with 30 days written prior notice and may be subject to other terms and conditions. Plan participants are responsible for scheduling their periodic treatments and services not utilized at the end of each year's membership period are not carried over to the following year. Also, discounts apply only to services rendered **Diamond Dental Group, P.C.** and does not include treatment or services provided elsewhere even if you are referred to a specialist.