

ADULT CARE PLAN (AGE 18 & OLDER)



\$400/year per member

Perfect coverage when your employer doesn't provide it, or if you are self-employed!

- 2 cleanings per year, per family member.
- 2 exams per year, per family member.
- FREE X-rays!
- 20% discount on all procedures, including cosmetic procedures like teeth whitening. Excludes Invisalign and implant dentures/hybrids.

KIDS CARE PLAN (AGE 17 & YOUNGER)



\$275/year per person

The right choice to keep everyone smiling and healthy!

- 2 cleanings per year, per family member.
- 2 exams per year, per family member.
- FREE X-rays!
- 20% discount on all procedures, including cosmetic dentistry and implants. Excludes Invisalign and implant dentures/hybrids.

PERIO CARE PLAN

\$715/year per member

- 4 cleanings per year
- 2 Exams per year
- Free X-Rays
- 20% discount



DENTAL SAVINGS PLAN

Moorestown Office
220 Schooley Street
Moorestown, NJ 08057
(856) 235-6561

Medford Office
120 Route 70
Medford, NJ 08055
(609) 654-0029

www.EspositoFamilyDental.com

The Perfect Plans To Keep Your Family's Smiles Going Strong

You work hard to stay healthy - you eat right, exercise and make sure you have yearly check-ups. Now there is a way to make sure your smile, as well as your family's smiles, stay healthy and whole for life.

You're invited to join our Dental Savings Plan. Our Dental Savings Plan is a special, reduced-fee plan that lets you and your immediate family take advantage of the full range of services offered by the doctors and staff at Esposito Family Dental.

The Options Are Yours...So Are The Savings!

These outstanding savings can help you and your family maintain optimal oral health and keep your smile for a lifetime. Enroll today! We're here to make you smile :)

Payment Policy

In order to offer the substantial savings available under the terms of this plan, we must adhere to the following payment policies:

- One year memberships must be paid in full at the time of enrollment.
- Membership will be valid for one year from the date of enrollment and payment.
- Fees for all treatments are due and payable at the time service is rendered.
- All fees for treatments requiring multiple visits or lab fees are due upon the first visit.

Esposito Family Dentistry reserves the right to refuse treatment and/or terminate this membership without notice if the member's account becomes delinquent at any time. All other terms and conditions of service apply.

EXCLUSIONS

Procedure fee courtesies offered under this plan shall not apply to any treatment already in progress prior to enrollment in the plan, and may not be combined with dental insurance benefits, any other discounts, promotions or outside financing plans. This is not a dental insurance plan, but a discount plan. Benefits are limited to treatment provided by Esposito Family Dental. Excludes Invisalign and implant dentures/hybrids.



ENROLLMENT FORM

Member Contact Information

Name: _____ Date: _____

Address: _____

Phone: _____ Email _____

Your Care Plan

Adult Care Plan - \$400 Total # Adult plans: _____

Kids Care Plan - \$275 Total # Kid plans: _____

Perio Care Plan - \$715 Total # Perio plans: _____

Additional Enrolled Members

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Member Signature: _____