



CART^WRIGHT
DENTAL
PLAN

1911 N LEBANON ST | LEBANON, IN 46052 | (765) 482-4538



ADULT*



\$349

*Periodontal Maintenance Plan
only \$549

CHILD^



\$299

multiple children discount
only \$249 per child

CARTWRIGHT
DENTAL

WHAT IS THE CARTWRIGHT DENTAL PLAN?

The **Cartwright Dental Plan** is a membership-based dental savings plan that provides the quality care you deserve at a price you can afford. Members pay an annual fee to receive regular Exams, Cleanings, and Radiographs along with access to significantly reduced rates on all other restorative and cosmetic dental procedures performed in our office. Plus, the plan offers many benefits including no annual caps, no limits, and no waiting periods. This provides for quick access to the care you need!

The **Cartwright Dental Plan** helps to reduce overall dental costs for members. This ensures that you have access to top quality dental care when you need it. Thanks to the **Cartwright Dental Plan**, the quality care you deserve is now available at a bigger savings than you ever imagined possible.

Our plan is designed to provide greater access to quality dental care at an affordable price.

- **No** yearly maximums
- **No** deductibles
- **No** claim forms
- **No** frequencies
- **No** pre-authorization requirements
- **No** incorrect estimations
- **No** pre-existing condition limitations
- **No** one will be denied coverage
- **No** waiting periods (immediate eligibility)

THE CARTWRIGHT DENTAL PLAN INCLUDES:

- Up to 2 routine exams, cleanings, and any necessary radiographs
- 2 Emergency Care visits: Exam and necessary radiographs
- Oral Cancer Screening
- Fluoride applications and desensitizing treatments when indicated
- Full Mouth "KOR" whitening (the best available whitening)
\$200 off
- 20% Discount on ALL other dental treatment

PROGRAM EXCLUSIONS & LIMITATIONS

This is a savings plan, not dental insurance. It cannot be combined with any other insurance. It is only valid at this dental office; care from other providers and specialists is not included. Plan fees are subject to change. For complete details, see Plan Agreement or Plan Terms and Conditions.

[^]Children 13 or younger

^{*}If periodontal infection is present, a Periodontal Maintenance Plan may be required at an additional charge.

CARTWRIGHT DENTAL PLAN AGREEMENT

The Cartwright Dental Plan includes:

- Up to 2 routine exams, cleanings, and any necessary radiographs
- 2 Emergency Care visits: Exam and necessary radiographs
- Oral Cancer Screening
- Flouride applications and desensitizing treatments when indicated
- Full Mouth "KOR" whitening (the best available whitening) \$200 off (Proceeds benefit X Charity)
- 20% Discount on ALL other dental treatment

RESPONSIBLE PARTY INFORMATION

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Date of Birth: ____ / ____ / ____

Email Address: _____

ENROLLEES

Name: _____ Date of Birth: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

Name: _____ Date of Birth: ____ / ____ / ____

PRICING

Children (ages 13 and under): \$299/child

Total # of Children Enrolling: _____

Multiple Children Discount \$249/child, after 1st visit

Adults* (ages 14 and up): \$349/adult

Total # of Adults Enrolling: _____

**Periodontal Maintenance Plan only \$549/adult*

PAYMENT DETAILS

Enrollee will pay 50% of the total price at the time of enrollment. The remaining balance is due within 6 months.

PAYMENT OPTIONS

- Cash
- Check
- Credit Card

CARTWRIGHT DENTAL PLAN TERMS AND CONDITIONS

- This is **NOT** dental insurance, rather a savings plan. This savings plan cannot be used in conjunction with dental insurance or other discounts. This plan is only valid at this dental office. Care from other offices or specialists is not included. Plan fees are subject to change.
- If you are a current patient enrolling in the **Cartwright Dental Plan**, your account **MUST** have a **ZERO** balance.
- The plan is not retro-active and will become effective on the date of enrollment.*
- It is the member's responsibility to utilize the services included this agreement with their plan year limit (exception: scheduling conflicts, we will honor your benefits within reason). Any unused benefits will not be carried over or refunded. The plan is non-transferrable.
- The member has the right to opt out of the plan for a full refund within 30 days of enrollment as long as treatment has not started. If ANY treatment has been performed or if 30 days from enrollment have lapsed, NO refund will be given. The member will be responsible for paying the remaining balance regardless of services rendered.
- Services are based upon a plan year. The full membership dues or first payment plus processing fees are due on the date of enrollment and eligibility will begin at that time remaining active for one year. There are no waiting periods. Your membership can be renewed at the end of each plan year.
- If multiple appointments are broken without a 24 hour prior notice, a cancellation fee will apply. (We understand certain exceptions).
- This basic plan is designed for patients who do not have periodontal disease. If periodontal infection is present, an alternative Periodontal Maintenance Plan will be required at a fee of \$549, as additional visits and treatment are required. This alternative plan includes up to four periodontal maintenance cleanings with the plan year.
- By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the **Cartwright Dental Plan**. I authorized this dental office to process my payment as listed in this Agreement.

Responsible Party Signature: _____ Date: ____ / ____ / ____

FOR OFFICE USE ONLY:

Effective Dates: ____ / ____ / ____ to ____ / ____ / ____ Membership Activated