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KEVIN Gagliardi DMD
AND ASSOCIATES

Dental Savings Plan

Application: ☐ New ☐ Renewal Referred By: _____

Name: _____ Email Address: _____

Social Security #: _____ OR Driver's License #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Name	Birth Date	Relationship	Cost Per Member	Plan Type (Std or Perio)
		(A) Member		
		(B)		
		(C)		
		(D)		

* Traditional Plan - $399 per patient *Periodontal Plan - $689 per patient **Total Cost**

PAYMENT METHOD

☐ Check (make payable to Dr. Kevin Gagliardi) ☐ Cash ☐ Debit/Credit Card
☐ Care Credit (15% administration fee will be applied)

PROGRAM EXCLUSIONS AND LIMITATIONS

This program is a discount plan, not a dental insurance plan. It is only offered to patients with NO dental insurance of any type.
It cannot be used:

- In conjunction with another dental plan
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For cost of dental care that would be covered under automobile medical claims
- For services or injuries covered by worker's compensation
- For treatment which, in the sole opinion of the treating dentist, lies outside the realm of their capability
- For treatment covered by any insurance plan; dental, medical, worker's comp etc.
- Excludes non-treatment products, i.e. power toothbrushes, irrigators, floss, some whitening kits, etc.

PROGRAM GUIDELINES

- Plan type will be determined by treating Doctor at initial visit. Depends on Periodontal Health.
- You will not receive a membership card (membership is recorded in your dental record)
- Benefit coverage table and terms are subject to revision annually
- Membership valid only at Dr. Gagliardi and Associates Dental Practice
- Patient portion of bill is due at time of service and enrollment must be paid in advance of any treatment
- NON-REFUNDABLE. No Refunds or premiums will be issued at any time if participant decides not to utilize the dental plan.

Signature of Member: _____ Signature of Staff: _____

Refer a friend to our Dental Savings Plan and you and your friend will save $100 off the membership fee for the first year. (non-immediate family member)