



Dr. Romito's
Arlington Family Dental Practice

In-House Dental Savings Plan

In-House Dental Savings Program

No dental insurance? No problem! Our in-house dental savings membership program makes comprehensive dental care more affordable than ever. Enrollment is easy, coverage begins the day you sign up and lasts for 12 months. Membership dues are to be paid in full on the day of enrollment. No cancellations or refunds.

Highlights include:

- No deductibles
- No maximums
- No waiting periods
- No health questions
- No Pre-determinations
- You cannot be denied coverage
- Pre-Existing conditions are covered
- You cannot be singled out for rate increases

Membership Dues:

- Individual – \$150 / year
- Individual and Spouse – \$295 / year
- Family Plan (two adults & two kids) – \$425 / year
- Additional Child in Family – \$110 / year

Our affordable coverage includes the following services at no additional charge:

- 2 examinations per year
- 2 cleanings OR 2 perio maintenance cleanings per year
- 1 set of bitewing x-rays per year
- 2 topical fluoride applications per year
- 1 oral cancer screening per year

Members will also receive **20% off on all other services at Dr. Romito's Arlington Family Dental Practice, Inc.**, not to be combined with any other promotion/discount, outside financing options, dental insurance, or third party dental discount plans. Please contact our office with any questions or to obtain a simple enrollment form.

Preventive Dentistry Service

Examination
Bitewing X-Rays
Adult's Cleaning
Children's Cleaning
Fluoride Treatment

Member Fees

No charge
No charge
No charge
No charge
No charge

Regular Fees

\$50 (every six months)
\$50 (every twelve months)
\$90 (every six months)
\$35 (every six months)
\$24 (every six months)

20% Off Dental Services* *Some Exclusions Apply Please inquire about services not listed

| | | |
|---|----------------------------|----------------------|
| Fillings (Composite/Tooth-Colored) | Service Member Fees | Regular Fees |
| One Surface | \$ 88 | \$110 |
| Two Surfaces | \$104 | \$130 |
| Three Surfaces | \$120 | \$150 |
| Four Surfaces | \$128 | \$160 |
| Periodontics Service | Member Fees | Regular Fees |
| Root Planing & Scaling | \$120 (per quadrant) | \$150 (per quadrant) |
| Periodontal Maintenance | \$104 | \$130 |
| Orthodontics Service | Member Fees | Regular Fees |
| Occlusal Guard (Bite Guard) | \$280 | \$350 |
| Crowns and Bridges Service | Member Fees | Regular Fees |
| All-Porcelain Crown | \$880 (per unit) | \$1,100 (per unit) |
| Other Treatments Service | Member Fees | Regular Fees |
| Extraction (per tooth) | \$100 | \$125 |
| Denture (per unit) | \$880 | \$1,100 |
| Partial Denture (per unit). | \$880 | \$1,100 |



Dr. Romito's
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In-House Dental Savings Application:

First Name _____ Last Name _____ Middle Initial _____

Please Circle: Female / Male

Home Address _____ City _____ State _____ Zip _____

Phone _____

Email _____ Birth Date ____ / ____ / ____ S.S.# ____ - ____ - ____

Spouse

First Name _____ Last Name _____ Middle Initial _____

Please Circle: Female / Male

Home Address _____ City _____ State _____ Zip _____

Phone _____

Email _____ Birth Date ____ / ____ / ____ S.S.# ____ - ____ - ____

Enrollment Period _____ - _____

Please List All Unmarried Children up to Age 21

1. Child's full name _____

Please Circle: Son / Daughter _____ Date of birth _____

2. Child's full name _____

Please Circle: Son / Daughter _____ Date of birth _____

3. Child's full name _____

Please Circle: Son / Daughter _____ Date of birth _____

4. Child's full name _____

Please Circle: Son / Daughter _____ Date of birth _____

5. Child's full name _____

Please Circle: Son / Daughter _____ Date of birth _____

Signature (member) _____ Date _____

Signature (spouse) _____ Date _____

Patients agree that Dr. Romito's Arlington Family Practice, Inc. fees stated must be paid at the time services are rendered. Any service not paid for at the time of service will be billed at usual and customary fees. Coverage fees are valid only when paid at the time of enrollment. Rates are subject to change annually. Membership renews annually on the day and month of initial enrollment. Notify office 30 days prior to reenrollment date if you elect to cancel. Dr. Romito's Arlington Family Practice, Inc. reserves the right to cancel a member's enrollment. This plan is NON-transferable. Cannot be used in any accident/injury case. All family members must reside in the same household. This is not an insurance program. Dr. Romito's Arlington Family Practice, Inc. is not a licensed insurer, health maintenance organization, or other underwriter of health services. This plan may not be combined with any other offers, discounts, or advertisements. The discounts offered are valid only in this office and for services, not products.