

Fischer Family Dental Savings Plan

Receive all the rewards of dental Insurance

*No Deductibles

*No Yearly Maximum Benefits

15% Discount on all needed treatment

Easy monthly payments

Legal and Disclaimers: Loyalty programs are not Insurance but a payment arrangement provided by Fischer Family Dentistry for services rendered. Membership is not transferable to other dental offices. Payment is due at the time of service on any treatment needed. Membership dues must be current in order to receive services. Loyalty program discounts may not be combined with dental insurance or with any other offers or discounts. No refunds will be provided under any circumstances, including failure to schedule and maintain appointments.

Adult Healthy Plan

\$23 a Month

Dental cleanings (2 per yr)
Dental exams (2 per yr)
Needed X-rays
15% off all other dental procedures

Annual Fee \$276

Credit Card Authorization

I would like this credit card to be used for my annual payment of \$ _____

Or Monthly payment of \$ _____ Monthly payments to begin _____

Credit Card # _____ EXP _____

Type of CC Card: Visa Mastercard American Express Discover

Name on Credit Card _____

Billing Address _____

My signature allows Fischer Family Dentistry to electronically collect the pre-authorized monthly payment amount indicated above.

I understand that this plan allows for a comprehensive exam, cleaning and fluoride (for children under the age of 18) once every 6 months, xrays once every 12 months. All other services will be discounted at 15% if co-payment is paid at the time of service. If co-payment is not received at the time of service, usual and customary fees apply. This plan is Non-Cancelable/Non-Refundable and is valid for one year from date of sign-up.

Signature _____ Date _____