

NO DENTAL INSURANCE?

We can help save you money!

Membership Benefits:

- Low Monthly Premiums
- No Age Limit
- No Deductibles
- No Waiting Period
- No Preauthorization Required
- Cosmetic Dentistry Included
- No Pre-Existing Condition Limitations
- No Claim Forms

Included In Your Membership:

- 2 Healthy Mouth Cleanings or
2 Periodontal Maintenance Cleanings
**Periodontal Deep Cleanings 20% off*
- 2 Exams and X-rays
- Topical Fluoride Ages 16 and Under

Additional Services 20% Discount

| | |
|----------------------|-----------------|
| Fillings | Crowns/Veneers |
| Implants | Orthodontics |
| Root Canals | Extractions |
| Sealants | Bone Grafts |
| Periodontal Services | Teeth Whitening |
| Dentures/Partials | Sedation |
| Snore Guards | Occlusal Guards |
| Athletic Guards | Sedation |

DENTAL SAVINGS PROGRAM GUIDE, EXCLUSIONS AND LIMITATIONS

- This is an in office dental savings plan that is only valid at Dr. Scaff's office.
- Benefits begin immediately. Members must be on the plan for a minimum of 12 months.
- All plan payments are **nonrefundable** and no refunds will be given if a member and/or spouse or children do not use the plan or relocate.
- This in office dental savings plan is not dental insurance and can not be combined with any other dental insurance.
- Your effective date is the day you sign up and the renewal date is the same date each year unless a 30 day written notice is given prior to renewal. If premiums are not paid, you will not qualify for any discounts.
- This plan can not be combined with any other special offers or discounts.
- Treatment started prior to enrollment is not eligible for discount.
- All additional charges are due **at the time of service** to receive the discount.
- Plan participants are responsible for scheduling their periodic treatments.
- Should you choose to use outside financing through Lending Club or Care Credit for dental treatment, the treatment discount will be reduced to 10% due to merchant fees.
- Should there be dental treatment needed following any type of injury where a lawsuit and therefore medical, auto, disability or workman's comp type insurances are involved, this plan can not be used.

Brian F. Scaff, DDS

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(512) 258-9130

DENTAL SAVINGS PLAN DESIGNED FOR THE UNINSURED



BRIAN F. SCAFF, DDS
D E N T A L T E A M

A Simple and Affordable Plan
Designed for You and Your
Family's Dental Needs!

(512) 258-9130

DR. SCAFF'S DENTAL SAVINGS PLAN

With the sudden changes in so many patients' dental insurance status, we want to stress to people how important it is to maintain their regular cleaning and oral exam appointments. The health of your mouth is directly correlated to other health issues in your body. We need to keep your teeth and gums in the best shape possible. Catching any problems while they are small will prevent larger, more costly emergencies in the future. With our Dental Savings Plan, we offer a way for patients who have lost or are unable to enroll in a traditional dental plan to maintain their dental health.



No Enrollment Fee!

APPLICATION

Name _____
Address _____
City _____ ZIP _____
State _____ Phone # _____
DOB _____ SS# _____
Dependent Name _____
DOB _____ Relationship _____
Dependent Name _____
DOB _____ Relationship _____
Dependent Name _____
DOB _____ Relationship _____

Annual Plan Premium Options

- Individual Plan age 13 and over...\$480
- Individual Plan age 12 and under...\$380

Total Annual Cost \$ _____

Enrollment Period _____ thru _____

**Plans and fees are subject to change yearly.*

METHOD OF PAYMENT

Annual Credit Card or Check Payment

Credit Card Information

Visa Mastercard Discover Amex

Name on Card _____

Credit Card # _____

Exp. Date _____ CVC _____

Signature _____

Authorization

I understand Dr. Scuff's In Office Dental Savings Plan as outlined in this membership agreement. I understand this plan is non-refundable and non-transferable. I also understand I must give a 30 day written notice should I decide to cancel annual membership. Should there be a change in plans and fees, I understand I will be notified of these changes prior to my renewal date.

Signature _____