## Dr Julie Molin - Dental Assurace Plan

We offer the Dental Assurance Plan as a way to make great dental care more accessible.

## **Patient Information**

FIRST NAME	LAST NAME	2	
DATE OF BIRTH Payment information : V	Child 7isa/ MC Amex	Adult Check	<u>;</u>
Card number		_exp date	code
Annual Investment (BUY 1 GET 1 Single adult member \$250	_		
Procedures covered at 50% off include	ie:		
Comprehensive, new patient examinate rays, bitewing x-rays (1 per year), clear	•	\ <u>*</u>	0 , 1 1
Procedures covered at 20% off include	le:		
Fillings, core buildups and crowns, periodontics, dentures and partials, dental implants-			
restorative, teeth whitening, veneers, ad			
Program Guidelines			
Yearly enrollment fees are non-refundated Dental Assurance Plan services during cannot be utilized in conjunction with date begins on the date the enrollment are using the Dental Assurance Plan in submit the discounted fee charged by service. Child enrollment fee is for ages	g the enrollment any other offer of t fee is paid and n conjunction w Dr. Molin. Paym	year. The Denta or discount prog shall expire afte ith your dental	al Assurance Plan gram. Enrollment er 365 days. If you insurance, we must
Exclusions and Limitations This is not a dental insurance plan. The addressing injury covered under works opinion, lies outside of our expertise. Find the with another dentist.	man's compensa	tion. For treatn	nent that, in our
Payment in full, is due at the time of se	ervice.		
	X		

SIGNATURE

DATE

PRINT NAME