RGV Smiles
By Dr. Rocky L. Salinas

ANNUAL PLANS MUST BE PAID IN ADVANCE • NO DENIED CLAIMS, NO DEDUCTIBLES

20% OFF ALL ADDITIONAL SERVICES

☐ CHILDREN'S PLAN
(AGES 1–13)

$299.00

EVALUATIONS REQUIRED UPON ACQUIRING PLAN
ANNUAL PLAN MUST BE PAID IN ADVANCE

TWO (2) EXAMS

ONE (1) FULL MOUTH X-RAY

BITEWING X-RAY

TWO (2) BASIC CLEANINGS

TWO (2) FLUORIDE TX

TWO (2) SEALANTS

VALUE OF $729.50
TOTAL SAVINGS OF $430.50 A YEAR

☐ ADULT PLAN
(AGE 14 +)

$399.00

EVALUATIONS REQUIRED UPON ACQUIRING PLAN
ANNUAL PLAN MUST BE PAID IN ADVANCE

TWO (2) EXAMS

ONE (1) FULL MOUTH X-RAY

ONE (1) BITEWING X-RAY

TWO (2) BASIC CLEANINGS

TWO (2) FLUORIDE TX

TWO (2) SEALANTS

VALUE OF $879.50
TOTAL SAVINGS OF $480.50 A YEAR

☐ ORTHODONTIC PLAN

$499.00

EVALUATIONS REQUIRED UPON ACQUIRING PLAN
ANNUAL PLAN MUST BE PAID IN ADVANCE

TWO (2) EXAMS

ONE (1) BITEWING X-RAY

ONE (1) FULL MOUTH X-RAY

FOUR (4) BASIC CLEANINGS

TWO (2) FLUORIDE TREATMENT

TWO (2) SEALANTS

ONE (1) ORAL B ELECTRIC TOOTHBRUSH KIT

VALUE OF $1,258.00
TOTAL SAVINGS OF $759.00 A YEAR

☐ PERIO PLAN
(ALL AGES)

$649.00

EVALUATIONS REQUIRED UPON ACQUIRING PLAN
ANNUAL PLAN MUST BE PAID IN ADVANCE

TWO (2) EXAMS

ONE (1) FULL MOUTH X-RAY

ONE (1) BITEWING X-RAY

FOUR (4) QUADS SRPS

TWO (2) PERIO MAINTENANCE

TWO (2) FLUORIDE TX

TWO (2) SEALANTS

LASER TX

PERIO RINSE

VALUE OF $1,946.00
TOTAL SAVINGS OF $1,297.00 A YEAR

MEMBERSHIP AGREEMENT

Memberships are a 12 month agreement. This is NOT dental insurance but rather a membership plan. This membership serves as an exclusive agreement between our patients and our practice. This membership plan cannot be used in conjunction with dental insurance or any other discounts. This plan is only valid at this dental office. Plan fees are subject to change. If you are a current patient enrolling in an RGV Smiles Membership Plan, your account MUST have a ZERO balance. The plan is not retroactive and will become effective on the enrollment date. The member must utilize the services included in this agreement within their plan year limit. Any unused benefits will not be carried over or refunded. The plan is non transferable. In exchange for the care provided under this plan, the covered member agrees to pay all balances in full at the time of treatment. If treatment is not paid in FULL at the time of service, the treatment discount is void. The member has the right to opt-out of the plan for a full refund within 30 days of enrollment as long as treatment has not started. If ANY treatment has been performed or if 30 days from enrollment have lapsed, NO refund will be given. The member will be responsible for paying the remaining balance regardless of services rendered. Services are based upon a plan year. The total membership fee is due on the enrollment date, and eligibility will begin at that time, remaining active for one year. Your annual membership will be auto-renewed at the end of each plan year. An enrollment fee and surcharge may be applied if your dental practice allows monthly payment options.

MEMBER SIGNATURE: _____ DATE: _____ SELECTED PLAN: _____