

**20% OFF ALL
ADDITIONAL
SERVICES**

RGV SMILES MEMBERSHIP PLANS

NO DENIED CLAIMS, NO DEDUCTABLES

***ANNUAL PLANS MUST BE PAID IN ADVANCE**



CHILDREN'S PLAN (AGES 1-13)	ADULT PLAN (AGE 14 +)	PERIO PLAN (ALL AGES)
<p>\$299.00 <small>*ANNUAL PLAN MUST BE PAID IN ADVANCE</small></p>	<p>\$399.00 <small>*ANNUAL PLAN MUST BE PAID IN ADVANCE</small></p>	<p>\$649.00 <small>*ANNUAL PLAN MUST BE PAID IN ADVANCE</small></p>
<p>TWO (2) BASIC CLEANINGS</p> <p>TWO (2) EXAMS</p> <p>TWO (2) FLUORIDES TX</p> <p>HOLOGRAPHIC CEPH X-RAY</p> <p>NECESSARY X-RAY</p> <p>ONE (1) ORTHO EXAM</p> <p>TWO (2) PPES</p> <p>TWO (2) SEALANTS</p>	<p>TWO (2) BASIC CLEANINGS</p> <p>ONE (1) BITEWING X-RAY</p> <p>TWO (2) EXAMS</p> <p>TWO (2) FLUORIDES TX</p> <p>ONE (1) FULL MOUTH X-RAY</p> <p>ONE (1) ORTHO EXAM</p> <p>TWO (2) PPES</p> <p>FOUR (4) SEALANTS</p> <p>ONE (1) SET OF ORTHODONTIC / TMJ RECORDS</p>	<p>ONE (1) BITEWING X-RAY</p> <p>TWO (2) EXAMS</p> <p>TWO (2) FLUORIDES TX</p> <p>ONE (1) FULL MOUTH X-RAY</p> <p>LASER TX</p> <p>ONE (1) ORTHO EXAM</p> <p>TWO (2) PERIO MAINTENANCE</p> <p>PERIO RINSE</p> <p>TWO (2) PPES</p> <p>FOUR (4) QUADS SRPS</p> <p>SIX (6) SEALANTS</p> <p>ONE (1) SET OF ORTHODONTIC / TMJ RECORDS</p>
<p>VALUE OF \$729.50 TOTAL SAVINGS OF \$430.50 A YEAR</p>	<p>VALUE OF \$779.50 TOTAL SAVINGS OF \$480.50 A YEAR</p>	<p>VALUE OF \$1,946.00 TOTAL SAVINGS OF \$1,297.00 A YEAR</p>

***ALL 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 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.

Children's Plan Adult Plan Perio Plan

Patient or Guardian Signature