Save Your Smile Plan

Dr. Napoleon is pleased to offer an in office Dental Benefits Program for patients who do not currently have dental coverage. This plan allows our patients to receive optimal dental care while maintaining oral health.

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Dental Services Include:	
• Examinations:	2 per Benefit Period
• Limited Examinations:	2 per Benefit Period
• Dental Cleanings:	2 per Benefit Period (Prophylaxis or Perio maintenance)
 Fluoride Applications: 	1 per Benefit Period
 All Necessary X-rays 	
 Diagnosis 	
 20% off all Perio, Perio Scal 	ing and Root Planing, Fillings and Oral Surgery
• 30% off all Root Canal, Crow	wn and Bridge, Dentures, Partials and Implants
Perio Plus- Membership addi	tions
Dental Cleanings:	2 additional cleanings
•Fluoride Applications:	2 per Benefit Period
Annual Cost:	
Basic Membership:	\$350 yearly
Perio plus Membership:	\$600 yearly
Advantages for Enrollment:	
Significant Cost Savings for Preve	entive and Comprehensive Care
No Deductibles No Claims Filing	No Frequency Limitations
No Waiting Periods No Maximun	ns
Provisions:	
Benefits provided for one year fro	m the date the plan is purchased.
	er insurance plans, discounts, or promotions.
Enrollment is not transferable.	
Excludes All on 4 and Orthodontic	cs
I wish to purchase the Save Your Smile Plan	for myself. Basic plan Perio Plus
I wish to purchase the Save Tour Shille Flan	ioi mysen. Basic pian reno rius
NAME:	ADDRESS:
PHONE:	EMPLOYER:
SIGNATURE:	DATE:

For Office Use Only: Benefit Period Begins: _____ Ends: ____