

IN HOUSE DENTAL PLAN

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THIS PLAN IS AVAILABLE FOR OUR PATIENTS WHO DO NOT HAVE A PRIVATE OR WORK RELATED DENTAL PLAN. THIS YEARLY PLAN IS EFFECTIVE FOR A PERIOD OF ONE YEAR FROM THE DATE OF ENROLLMENT.

THIS PLAN INCLUDES: 2 CLEANINGS WITHIN THE ENROLLMENT YEAR (NOT DEEP CLEANING OR SCALING AND ROOT PLANING)
FREE DIGITAL INTRAORAL (BITEWINGS AND PERIAPICAL) X-RAYS (UNLIMITED AND AS NEEDED)
20% OFF OUR REGULAR FEES FOR TREATMENT PROCEDURES DONE AT OUR OFFICE.
(some exclusions apply)

EXCLUSIONS: IMPLANTS, IMPLANT RELATED TREATMENTS, AND IMPLANT PARTS.
BONE GRAFTS/ MEMBRANES
INVISALIGN AND INVISALIGN RETAINERS
ALL PROCEDURES DONE OUTSIDE OUR OFFICE
STANDARD ORTHODONTICS AND RELATED APPLIANCES
TEMPORARY TREATMENT PROCEDURES (TEMPORARY CROWNS/BRIDGES/DENTURES/FILLINGS)
GOLD (HIGH NOBLE) INCLUDED RESTORATIONS
SPECIAL OR CUSTOMIZED FEES REQUIRED BY DENTAL LABS

YEARLY FEE: FULL PAYMENT DUE UPON ENROLLMENT OF THIS PLAN AND IS NOT REFUNDABLE OR TRANSFERABLE TO ANOTHER YEAR

ADULT (AGE 14 AND OLDER) IS \$360.00

CHILD (UNDER AGE OF 14) IS \$200.00

CERTAIN PROCEDURES MAY BE REFERRED TO SPECIALISTS AT THE DOCTOR'S DISCRETION AND THIS PLAN IS NOT EFFECTIVE WHEN TREATMENT IS DONE OUTSIDE OUR OFFICE.

I, THE UNDERSIGNED, UNDERSTAND AND AGREE TO ALL THE TERMS OF THIS IN HOUSE DENTAL PLAN AND CHOOSE TO PARTICIPATE FOR THE CURRENT CALENDAR YEAR.

ENROLLEE NAME _____

ENROLLMENT PERIOD : START DATE ____/____/____ **END DATE :** ____/____/____

SIGNATURE _____

RELATIONSHIP TO MINOR _____