

Now Welcoming New Patients!

Join Monroe Dental Arts
In House

Dental Savings Plan!

Our Dental Savings Plan is designed to provide greater access to quality dental care at an affordable price.

It's a **discounted fee schedule** for most services, only good at Monroe Dental Arts.

You save on everything from cleanings and fillings to cosmetic procedures and crowns!

- ◆ No yearly maximums
- ◆ No deductibles
- ◆ No claim forms
- ◆ No pre-authorization requirements
- ◆ No preexisting condition limitations
- ◆ No waiting periods (immediate eligibility)

Our Dental Savings Plan

Program Exclusions & Limitations

This program is a discount plan, not a dental insurance plan. It cannot be used:

***In conjunction with another dental plan or dental insurance.**

***For treatment which, in the sole opinion of our doctors, lies outside the realm of their capability.**

***For referrals to specialists.**

***For hospitalization or hospital charges of any kind.**

***For costs of dental care which are covered under automobile medical.**

***For services of injuries covered under workers' compensation.**

This plan is honored only at Monroe Dental Arts, it cannot be combined at any other dental office.

DENTAL SAVINGS PLAN \$\$\$



Monroe Dental Arts

Dr. Har Simran K. Virdee
General Dentist
Family, Cosmetic and Implant
Dentistry

337 Applegarth Road, Suite 8A
Monroe, NJ 08831

Call (609) 662-4406

for more information for
Ways to Save on your
dental!

Schedule Online Today!

Please visit

www.DentalArtsMonroe.com

and click on the "Schedule
an appointment"

button.

  @MonroeDentalArts

Dental Savings Plan

Benefit Fees

Plan:	Total Annual Cost:
Single	\$299
Dual	\$575
Family (3)	\$752
Family (4)	\$917
Each Additional	\$110

Our basic plan will include:

- 2 exams per year
- Any Individual X-rays needed throughout the year.
- 2 cleanings (Includes fluoride)
- 15% off all procedures

You will not receive a membership card. Your plan's effective date will be on file with our office.

Only Valid at Monroe Dental Arts

DENTAL SAVINGS APPLICATION

Please print clearly.

Personal Information:

Name: _____

Email Address: _____

City: _____

State _____ Zip Code _____

SSN _____

DOB: _____

Home Phone: _____

Cell Phone: _____

Family:

Name _____

M/F DOB: _____

Relationship _____

Name: _____

M/F DOB: _____

Relationship: _____

Name: _____

M/F DOB: _____

Relationship: _____

Name: _____

M/F DOB: _____

Relationship: _____

Payment Information:

Cash:

Check:

Credit Card:

Visa Mastercard

Card Number: _____

Exp Date _____

CVR Code _____

Zip Code for Card Holder: _____

Signature: _____

AUTO RENEWAL POLICY= 5% OFF

Sign up for auto renewal of your dental savings plan and receive 5% off next year's fee! Ask our front desk team members how to sign up for this great offer!

Program Guidelines:

- ◆ Patient's portion of bill is due the day of service.
- ◆ Cannot be combined with any dental benefits plan.
- ◆ No refunds of fees will be issued at any time if participant decides not to utilize dental plan.
- ◆ There is no roll over or refund for unused services in the effective year.

For office use only:
