

In-House Dental Discount Application:

Name:

First: _____

Last: _____

Please Circle: Female / Male

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Birth Date ____ / ____ / ____

S.S.# ____ - ____ - ____

Spouse

Name:

First: _____

Last: _____

Please Circle: Female / Male

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Birth Date ____ / ____ / ____

S.S.# ____ - ____ - ____

Members will also receive **20% off on all other services at Dr. Romito's Arlington Family Dental Practice, Inc.**, not to be combined with any other promotion/discount, outside financing options, dental insurance, or third party dental discount plans. Please **contact** our office with any questions or to obtain a simple enrollment form.

Membership Dues:

- Individual – \$150 / year
- Individual and Spouse – \$295 / year
- Family Plan (two adults & two kids) – \$425 / year
- Additional Child in Family – \$110 / year

Patients agree that Dr. Romito's Arlington Family Practice, Inc. fees stated must be paid at the time services are rendered. Any service not paid for at the time of service will be billed at usual and customary fees. Coverage fees are valid only when paid at the time of enrollment. Rates are subject to change annually. Membership renews annually on the day and month of initial enrollment. Notify office 30 days prior to reenrollment date if you elect to cancel. Dr. Romito's Arlington Family Practice, Inc. reserves the right to cancel a member's enrollment. This plan is NON-transferable. Cannot be used in any accident/injury case. All family members must reside in the same household. This is not an insurance program. Dr. Romito's Arlington Family Practice, Inc. is not a licensed insurer, health maintenance organization, or other underwriter of health services. This plan may not be combined with any other offers, discounts, or advertisements. The discounts offered are valid only in this office and for services, not products.



In-House Dental Discount Plan



Dr. Romito's

Arlington Family Dental Practice

Visit us at

www.DrFrankRomito.com

Akron Office

2351 S. Arlington Rd. Suite C
Akron, OH 44319
(330) 773-0446

Ravenna Office

320 E. Main Street, Suite 202
Ravenna, OH 44266
(330) 297-1963

No Insurance ??? No Problem !!!

Our in-house dental savings membership program makes comprehensive dental care more affordable than ever. Enrollment is easy, coverage begins the day you sign up and lasts for 12 months. Membership dues are to be paid in full on the day of enrollment. No cancellations or refunds.

Highlights include:

- No deductibles
- No maximums
- No waiting periods
- No health questions
- No *Pre-determinations*
- You cannot be denied coverage
- Pre-Existing conditions are covered
- You cannot be singled out for rate increases

Our affordable coverage includes the following services at no additional charge:

- 2 Examinations (1 every 6 months)
- 2 Cleanings per year
- 1 set of bitewing x-rays per year
- 2 topical fluoride applications per year
- 1 oral cancer screening per year

Preventive Dentistry Service

	Member Fees	Regular Fees
--	-------------	--------------

Examination	No charge	\$50 (every 6 mos.)
Bitewing X-Rays	No charge	\$50 (every 12 mos.)
Adult's Cleaning	No charge	\$90 (every 6 mos.)
Child's Cleaning	No charge	\$35 (every 6 mos.)
Fluoride Tmt.	No charge	\$24 (every 6 mos.)

20% Off Dental Services*

*Some Exclusions Apply Please inquire about services not listed

Fillings (Composite/Tooth-Colored)

	Member Fees	Regular Fees
--	-------------	--------------

One Surface	\$ 88	\$110
Two Surfaces	\$104	\$130
Three Surfaces	\$120	\$150
Four Surfaces	\$128	\$160

Periodontics Service

	Member Fees	Regular Fees
--	-------------	--------------

Root Planning & Scaling <i>(per quadrant)</i>	\$120	\$150
Periodontal Maint.	\$104	\$130

Orthodontics Service

	Member Fees	Regular Fees
--	-------------	--------------

Occlusal Guard <i>(Bite Guard)</i>	\$280	\$350
---------------------------------------	-------	-------

Crowns and Bridges

	Member Fees	Regular Fees
--	-------------	--------------

Porcelain Crown	\$880	\$1,100 <i>(per unit)</i>
-----------------	-------	---------------------------

Other Treatments Service

	Member Fees	Regular Fees
--	-------------	--------------

Extraction	\$100	\$125 <i>(per tooth)</i>
Denture <i>(per unit)</i>	\$880	\$1,100
Partial Denture	\$880	\$1,100 <i>(per unit)</i>

Please List All Unmarried Children up to Age 21

1. Child's full name

Please Circle: Son / Daughter

Date of birth ____/____/____

2. Child's full name

Please Circle: Son / Daughter

Date of birth ____/____/____

3. Child's full name

Please Circle: Son / Daughter

Date of birth ____/____/____

4. Child's full name

Please Circle: Son / Daughter

Date of birth ____/____/____

Signature (member)

Date ____/____/____

Signature (spouse)

Date ____/____/____