

American Dental Plan (ADP) – New Patient Special

The **American Dental Plan – New Patient Special** is a proprietary discount plan for patients with no dental insurance or for those who do not qualify for 3rd party financing. The plan is designed for **new patients** to the practice. Patients pay an **introductory (one-time) fee of \$99 for the visit**. All recall hygiene visits thereafter are \$125 each. Patients with the plan receive a **35% discount** for any treatment recommended by the dentist in our office. The benefits may be used at any of our office locations and are valid for **six (6) months** from the day the patient(s) registers for the plan.

The fee includes a single dental visit consisting of the following specific procedures: comprehensive oral evaluation (D0150), intraoral dental radiographs (D0272, D0274, D0220, D0230, or D0210), prophylaxis (D1110) (**only if applicable**), and oral hygiene instructions (D1330). In addition, patients on our plan benefit from having a **35% discount** for any treatment recommended by the dentist. These include: sealants, fillings, stainless steel crowns, porcelain crowns, nerve treatments (pulpotomy/pulpectomy, root canals), extractions, SRPs, dentures, and nitrous oxide (“laughing gas”). Items **excluded** from the *American Dental Plan – New Patient Special* are any dental work that is referred to another specialist outside of our office—for example, another periodontist, oral surgeon, endodontist, general dentist, or orthodontist.

Special considerations:

- **The ADP New Patient Special does not include deep cleanings (D4341, D4342) or full mouth debridement (D4355), meaning that if the patient is a candidate for deep cleaning or full mouth debridement, her or she will have to pay for these treatments, in addition to the \$99 special, and the prophylaxis (D1110) will no longer be included during the visit.**
- **This plan may not be combined with benefits from an existing insurance policy and the fee may not be applied towards out-of-pocket fees of a new dental insurance policy. Once services are rendered, the fee is non-refundable.**

Patient Registration Form

Today’s Date: _____ **Fee (per patient): \$99**

Name of Patient: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

I authorize American Aesthetic Dentistry to charge my credit card \$_____ for one (1) dental visit and six (6) months of benefits under the American Dental Plan (ADP). Plan expires on: _____.

Credit Card: Visa MasterCard American Express Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV2 (3-digit number of Visa/MC; 4-digits on front of American Express): _____

Billing Address, City, State, Zip: _____

SIGNATURE: _____ Date: _____

*I authorize **American Aesthetic Dentistry** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the discount plan described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form. Furthermore, I fully understand and agree that the account I am listing with you has sufficient funds to cover these charges. In the event that my account has insufficient funds and these charges or additional charges cause my account to exceed my credit limit, I understand that I am solely responsible for those overcharges.*

FOR OFFICE USE ONLY

ID Verified by (this box must be checked by American Aesthetic Dentistry personnel): _____