



Beacon Hill Dental

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BEACON HILL DENTAL PLATINUM MEMBER SAVINGS PLAN

Membership in the Beacon Hill Dental Savings Plan is available to all patients who do not have any dental insurance. After payment of the annual membership fee, members will receive the following:

3 Regular Cleanings and Dental Check-Ups:

- Exam
- Digital X-Rays
- Dental Cleaning (Additional cleanings outside of 3 per year are \$165 for an Adult & \$120 for a Child)
- Oral Cancer Screening
- Oral Hygiene Instruction
- Periodontal Evaluation
- TMJ Screening
- (Valued at \$899)

2 Emergency Visits:

- Problem Focused Exam
- Necessary X-Ray(s) *3D CT-Scans Excluded. Member Fee is \$395 (Regular fee is \$682)
- (Valued at \$512)

**If you are diagnosed with periodontal disease, scaling and root planing may be required, in addition to your regular cleanings that are included in the plan. Scaling and root planing is not a cleaning, and is a separate cost. Patients who require this periodontal procedure, will receive an additional cleaning in the plan, with a total of 3 free cleanings per year.*

25% Discount Off of Our Usual and Customary Fee:

A treatment plan will be provided for all recommended procedures displaying the regular fee and the discounted rate. *Whitening, Invisalign, Botox, Xeomin, Certain Dentures, Certain Cosmetic Procedures and 3D CT-Scans are Excluded.

No Waiting Period

No Claim Forms

No Restrictions on Treatment

No Pre-Determinations Necessary

Plan Price: Adult: \$425/year (14 & over) Child: \$325/year (13 & under) \$215/year (3 & under)

* Fluoride is included for children 6 years and under * \$40 fee applies for 6 years & over.

It is the patient's responsibility to schedule the 2 free cleanings in a year. If patient does not receive 2 cleanings due to cancellations or lack of scheduling, patient's unused cleanings do **not** roll over to the next year. Coverage is in effect for one rolling year. Patient must renew when scheduling first cleaning in plan. Coverage begins when membership has been paid in full. Appointment times are limited, and it is the responsibility of the member to schedule appropriate visits. Unused services cannot be rolled over to the following year or refunded. *If less than 48 hours notice given for appointment cancellation or rescheduling, late fee will be charged of \$75 for each scheduled hour, since appointments are reserved. Dr. Zamorra and his team have reviewed my Membership Savings Plan with me. I have had the opportunity to ask questions and I fully understand my membership.

**Fees are subject to change when the membership renews.*

Patient Name: _____ Patient Signature: _____

Effective Date: _____ to _____