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## **BEACON HILL DENTAL 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:

### **2 Regular Cleanings and Dental Check-Ups:**

Exam  
Digital X-Rays  
Dental Cleaning (Additional cleanings outside of 2 per year are \$138 per cleaning)  
Oral Cancer Screening  
Oral Hygiene Instruction  
Periodontal Evaluation  
TMJ Screening

### **2 Emergency Visits:**

Problem Focused Exam  
Necessary X-Ray(s) \*3D CT scans Excluded. Member Fee is \$375 (Regular fee is \$475)

*\*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.*

### **20% Discount Off of Our Usual and Customary Fee:**

A treatment plan will be provided in writing for all recommended procedures displaying the regular fee and the discounted rate. \*Whitening, Invisalign, Botox and Cosmetic Procedures such as Veneers are Excluded.

**No Waiting Period**

**No Claim Forms**

**No Restrictions on Treatment**

**No Pre-Determinations Necessary**

**Plan Price:** Adult: \$299/year (14 & over) Child: \$199/year (13 & under) \$159/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 can't 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 \_\_\_\_\_