

12 North Main Street, Suite 101 West Hartford, CT 06107 P: (860)236-4249 F: (860)231-1571 Info@westhartforddentalgroup.com



55 Town Line Road, Suite 100 Wethersfield, Ct 06109 P: (860) 400-3007 F: (860)380-1411 Info@wethersfielddentalgroup.com

In-Office Discount Dental Plan

Plan-Description

Welcome to the Wethersfield Dental In-Office Discount Dental Plan. Our plan offers dental benefits to our patients who currently do not have dental coverage. This plan allows our patients to receive optimal dental care while saving money. You save on everything from cleanings and fillings to cosmetic procedures and crowns. We have taken steps to enable you and your family to more easily get the care that you need at the most affordable cost. We hope that you utilize this plan to improve and maintain oral health for yourself and your family for years to come.

Patients who participate in our Discount Dental Plan, experience the following benefits:

- Two (adult) Routine Exams
- Two (adult) / Four (Perio) Routine Cleanings
- Two Bitewing X-rays for Children and Four Bitewing X-rays for Adults
- One Topical Fluoride Application for children up to the age of 16
- One Emergency exam and X-ray
- All eligible dental treatment discounted by 15% when paid in full at the time of service

Other Features Included:

- No waiting period, immediate treatment
- Quality Care in a comfortable setting
- No deductibles
- No exclusions
- No coverage limits
- State-of-the-art facility
- Extended monthly payment plans for restorative treatment

Annual Enrollment fees:

- Perio \$800 (4 cleaning/year)
- Adults \$450 (2 cleaning/year)
- Dependents 14 & under \$350 (2 cleaning/year)



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How to Enroll:

- Complete an Enrollment Application below-
- Your membership is valid as soon as you return this application with your enrollment fees.

<u>Name –</u>
<u>Date of Birth -</u>
<u>Address -</u>
<u>Phone number –</u>

Credit card-	EXP	CVV

Signature for consent

Contact Us

Please don't hesitate to contact us if you have any questions regarding enrollment, eligibility, covered services and benefits.

Please mail completed application and enrollment fee to the office.

Thank you!