

Family Tree Dental – Mark Watson DDS
1511 Payne Avenue - St. Paul, MN 55130
651-776-2701

In-House Dental Plan

Preventive Services Covered at 100%

- Two Exams per enrollment year. (One comprehensive and one periodic exam or two periodic exams)
- Two routine oral prophylaxis (cleaning) per enrollment year
- Periodontal Maintenance (You only pay the difference between the Prophylaxis and the Periodontal Maintenance fee. Periodontal Maintenance \$139 – Prophylaxis \$91 = Your responsibility is \$48)
- Oral Cancer Screening
- Necessary X-Rays
- Fluoride (Children up to age 14) One per enrollment year

Other Services

All other services will receive a 15% discount off our normal fee when paid at the time of service

Dental Plan Benefits

- No Annual Maximum
- No Deductible
- No Waiting Periods
- No Pre-Existing Exclusions
- No guessing / What will my insurance pay

Yearly Enrollment Fees

- \$299 First Adult Family Member (14 years and over) **A saving of \$103 to \$235 Annually on Preventive Care**
- \$279 Additional Adult Family Members **A saving of \$123 to \$255 Annually on Preventive Care**
- \$199 Children under 14 **A saving of \$153 to \$285 Annually on Preventive Care**

Other Services – Examples of 15% Savings

	Normal Fee	Your Fee
Crown Fee	\$1,168	\$ 992.80
Denture	\$1,643	\$1,396.55
Root Planing	\$1,012	\$ 860.20

The Fine Print (Terms and Conditions of the Dental Plan)

- This plan is good only at the office of Family Tree Dental – Dr. Mark Watson. If you are referred to a specialist, they will not offer this discount because this is exclusive to our office.
- Enrollment fees are paid in full at time of application for a minimum of a twelve month period. Family Members do not need to sign-up on the same day
- This membership is non-refundable. No refunds are given if a patient chooses not to use their plan.
- Payment in full is due at the time of service – excluding preventive services above
- Preventive services must be completed before the end coverage date
- Our In-house dental discount plan is **not** a dental insurance
- This discount can not be combined with dental insurance or any other discounts
- This discount can **not** be combined with **dental insurance** or **any other discounts**
- If dental treatment is needed following any type of injury where a lawsuit and therefore outside medical, car, disability or workers compensation type insurance are involved, this discount plan cannot be used
- Family members cannot be substituted in for another family member within the membership plan
- Your effective date is the day you enroll. Your renewal date is the same date every year
- All Family members must live in the same household
- Fee examples are subject to change from time to time.

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Frequency Asked Questions:

When does the membership begin/expire?

The membership begins the day it is purchased and expires one year later.

Is there any restriction on appointment times?

There is no special restriction. Appointments may be made at any time that the office is open to treating our patients.

What if my appointment must be rescheduled?

If you are not able to keep your scheduled appointment, please give us as much advanced notice as possible to allow us to service another patient during that time. 48 hours or more would be ideal.

What happens if I forget my appointment?

If you do not arrive for your appointment, we will consider that a failed appointment. Since we would not be able to see another patient during that time, you would have forfeited what is considered your 100% covered preventive visit. We will be happy to reschedule the preventive appointment at the discounted rate of 15%.

What if I can't pay at the time of service?

If you cannot pay at the time of service, the "normal fee" applies excluding the discount. The 15% discount becomes available for subsequent visits when the account is paid in full.

Membership Start Date: _____

Membership Expiration Date: _____

Patient Name: _____

Signature of Patient, Parent or Guardian: _____

Date: _____

Relationship to Patient: _____

For Office Use Only: _____

Date Paid: _____

Amount Paid: _____

Type of Payment: _____