

DETAILS OF THE PLAN

- Complete control of your benefits!
- Never hassle with your dental insurance company again!
- Low monthly or yearly payments. You decide!
- Freedom to choose your treatment plan!
- No more estimates! Get exact pricing!
- Never get denied coverage again!
- Never put off dental emergencies again!

The Affordable Dental Plan (ADP) is an annual reduced-fee savings plan for families and individuals that allows all ADP Members to receive quality dental services at greatly reduced prices. Unlike conventional insurance plans, with ADP there are **no deductibles, no yearly maximums, and no waiting periods to begin treatment.** ADP benefits coverage begins immediately on plan registration.

Benefits include:

- Two simple cleanings and exams each year
- Two periodontal maintenance cleanings and exams per year
- All x-rays are included with each cleaning visit
- One free fluoride treatment
- One emergency exam and necessary X-rays per year
- 15% discount on all procedures including crowns, fillings, extractions, root canals, and implants
- \$300 discount on Invisalign® cases

REGISTRATION FORM

Last Name _____ First _____ MI _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell _____ Work _____
 Birthday _____ Employer & Title _____

List Covered Dependents: (Eligible dependents include only spouses and children under the age of 23)

Name	Birth Date	Relationship	Name	Birth Date	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PAYMENT OPTIONS

Yearly Discount Plan (\$250 + \$200 per additional member)

Total: _____ per year
 Cash ____ Check ____ Credit Card # _____ Exp Date ____ / ____
 Billing Zip Code _____ CVC _____ Card Type: MC / VISA / DISCOVER
 Signature _____ Date _____

Monthly Discount Plan (\$25 + \$20/month per additional member)

Total: _____ per year
 Cash ____ Check ____ Credit Card # _____ Exp Date ____ / ____
 Billing Zip Code _____ CVC _____ Card Type: MC / VISA / DISCOVER
 Signature _____ Date _____
 Day of Month for Withdrawal (1-10): _____

TERMS AND CONDITIONS

Benefits

- Two simple cleanings and exams per year
- Two periodontal maintenance cleanings and exams per year (15% discount on other periodontal cleanings)
- All x-rays are included with each cleaning visit
- One free fluoride treatment
- One emergency exam and necessary X-rays per year
- 15% discount on all procedures including crowns, fillings, extractions, root canals, and implants
- \$300 discount on Invisalign® cases

Limitations

- Benefits can only be used at office of John G. Rutland, DMD, FAGD
- Work done and charged to Citihealth or Care credit cards will have courtesy discounts reduced by 10%
- Can't be used in conjunction with other dental plans
- Non-refundable

Please read and sign below:

Affordable Dental Plan benefits offers significant discounts on dental services. I understand the benefits, limitations exclusions and requirements of this plan and agree to the following:

Fee for dental services are due when rendered. Fees for prosthodontics (dentures) and cast restorations (crowns, inlays, onlays, veneers) are due at the preparation impression visit. Member benefits may not be used with any other offers or insurance plans. Members must remain in the plan a minimum of 12 months. For your convenience contract will renew at each anniversary period unless canceled.

Defaulting on monthly payments will result in collections for the discounted dentistry received by the patient at the time of default.

Signature _____ Date _____



*Do you want to be in control
of your insurance benefits?*

*Do you want to be in control of which
dentist you choose to see?*

*Do you want to be in control of your
treatment decisions?*

**WE HAVE GOOD NEWS
FOR YOU!**

Join Our

AFFORDABLE DENTAL PLAN



JOHN G. RUTLAND, DMD, FAGD

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