

"Give to every person more than you take from them"



7500 West Lake Mead Blvd Ste 11 Las Vegas, Nevada 89128 **T:** (702) 735-5066 **F:** (702) 933-9061 **W:** www.cherringtondental.com

NO DENTAL INSURANCE?



LET US HELP YOU

Now Accepting New Patients!

The Cherrington Dental
Savings Program is designed to
provide affordability and
greater access to quality dental
care.

The good news is that with your Savings Plan there are:

- No yearly maximums or deductibles
- No claim forms
- No pre-existing condition limitations
- · No pre-authorization requirements
- Immediate eligibility (no waiting periods)

Benefit	Premiums
Single	\$199.00***
Dual*	\$379.00***
Family**	\$689.00***

- * The dual plan is for parent/child OR spouse/ spouse
- ** The family plan includes children until age 24
- ***For patients with periodontal treatment needs, the plan is the premium price plus \$100

Coverage

You will not receive any membership card. Your plan's effective date will be kept on file.



Your Savings

Treatment	Coverage
Exams	100%
Radiographs	100%
Prophylaxis (routine cleanings) 2 per year	\$15 co-pay
Fluoride Treatment	\$21 co-pay
Sealants	50%
Orthodontics	10%
Periodontal Therapy	25%
All Other Treatment	25%

Program Exclusions and Limitations

This program is a discount plan, NOT a dental insurance plan and cannot be used:

- In conjunction with any other dental plan or discount plan
- For services or injuries covered under workman's compensation
- For treatment which, in the sole opinion of the treating provider, lies outside the scope of their practice
- For any other dental office, medical office, or hospital
- For costs of dental care which may be covered under automobile or medical insurance
- All-on-4 cases
- Perio Maintenance is covered 4 times per year with \$15 co-pays

Program Guidelines

- Full benefit premiums are paid prior to any discount being applied to treatment
- The benefits run a year to date from the initial purchase date
- Benefit premiums will be AUTOMATICALLY RENEWED each year on the effective date unless WRITTEN NOTIFICATION is received by our office
- No refunds of premiums will be issued for any reason. It is the participant's responsibility to utilize plan benefits



Please Circle One: Single Plan Dual Plan Family Plan Please PRINT clearly and answer all questions or indicate "not applicable"

Applicant Profile

Name:			
Social Security #			
Mailing Address			
Street Address (if different from above)			
Home Phone	Cell Phone		
Work Phone	Email Addres	ss	
Driver's license number			State
Spouse's Profile			
Name:			
Social Security #			
Mailing Address			
Street Address (if different from above)_			
Home Phone	Cell Phone		
Work Phone	Email Addres	ss	
Driver's license number			State
Children			
Name	Age	SS#	

Thank you for taking advantage of our savings program. We are looking forward to providing you affordability and greater access to quality dental care. We gladly accept enrollment over the phone or you may mail this completed application with your credit card information to:

Cherrington Dental Attn: Cherrington Dental Savings Program 7500 West Lake Mead Blvd Suite 11 Las Vegas, Nevada 89128

Credit Card Information

credit Card #	Expiration Date
Billing Address and Zip	
Code	
Security Code (on back)	
Visa MasterCard Please circle card type	
understand that by signing this form, automatically renewed each year on the above.	my savings program will be same date, using the credit card listed
Applicant's Authorized Signature	Date