



Arrowhead Family Dental Discount Membership

Arrowhead Family Dental- Dental Care Discount Plan is **NOT Insurance**, it is a yearly membership plan that offers individuals and families reduced fees making quality dental care more affordable. Your membership includes deep discounts for treatment such as fillings, crowns, root canals and many other procedures. Two simple cleanings, local anesthetic, examinations, x-rays, and other preventive services are provided at no charge. A dependent is a child up to the age of 23. Children may be members only as dependents of adult members. To join, fill out the member registration and select a method of payment.

Select Payment Method

_____ **Charge by Card** (We accept all credit cards)

Card Number _____

Exp Date _____ CVC Number _____

_____ **Financial Arrangement** (Completed with financial coordinator as needed)

I understand the benefits, limitation, exclusions and requirements of the plan and I agree to the following: **I will remain in the plan and pay membership fees for a minimum of 12 months.** Payment of less than 12 months' will result in usual and customary fees for all services (including those already provided) and my being charged remaining months' fees in a lump sum. If I am not seen every six months it will result in usual and customary fees being charged for all services.

Fees for dental services are due at the time services are rendered. Fees for prosthodontic and cast restoration services are due at the preparation/impression visit. Failure to Comply may result in usual and customary fees for such services. I agree to pay any and all cost in collecting all charges including, but not limited to attorney fees and court costs.

Signature (Required) _____ Date _____

All members fill out this portion completely MEMBER REGISTRATION

_____ Last Name First MI

_____ Home Address

_____ City State Zip Code

_____ Home Phone Cell Phone

_____ Birthdate Employer

Dependents	Birthdate	Relation

LOW MONTHLY COST

- Member - \$17 per month (\$204) or \$180 annual payment (save \$24)
- Member and 1 Dependent - \$30 per month (\$360) or \$300 annual payment (save \$60)
- Member and 2 Dependents - \$40 per month (\$480) or \$400 annual payment (save \$80)
- Member and 3 Dependent - \$50 per month (\$600) or \$500 annual payment (save \$100)
- \$5 for each additional dependent past 3 Dependents- \$60 per year

DENTAL LIMITATIONS AND EXCLUSIONS

- Services which in the opinion of the dentist are neither necessary nor recommended for the patient's dental health.
- Demonstrate non-compliance with recommended course of treatment.
- Services that cannot be performed because of the general health, physical or psychological limitations of the patient.
- Periodontics, endodontics, oral surgery or pedodontics requiring the services of an outside dentist or dental specialist.
- Fluoride is limited to once per year under the age of 18.
- Patient's must be seen once every six months to avoid paying usual and customary fees.
- AFDD Members cannot have other dental coverage.

Arrowhead Family Dental & Dentures

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No Insurance? No Problem!