

In House Wellness Plan Agreement

Houston Dentistry at Memorial
2450 Fondren Rd Suite 250
Houston, TX 77063
713-789-4300
hello@houstondentistry.com

- Adult Wellness Plan – Single** \$400 (valued over \$1300) for 12 months includes
- 2 Comprehensive Exams and Any Necessary X-rays
 - 1 Digital Health Scan and Assessment (Cosmetic, Invisalign and TMJ consult included)
 - 2 Professional Cleanings - Oral Cancer Screening included
 - 2 Fluoride treatments
 - 1 Emergency Exam and Necessary X-rays
- 10% off Invisalign and Cosmetic Treatment (Veneers & Botox) **some exclusions apply*
30% off all other Dental treatment

- Adult Wellness Plan – Duo** \$720 (valued over \$2600) for 12 months includes
- 2 Comprehensive Exams and Any Necessary X-rays
 - 1 Digital Health Scan and Assessment (Cosmetic, Invisalign and TMJ consult included)
 - 2 Professional Cleanings - Oral Cancer Screening included
 - 2 Fluoride treatments
 - 1 Emergency Exam and Necessary X-rays
- 10% off Invisalign and Cosmetic Treatment (Veneers & Botox) **some exclusions apply*
30% off all Dental treatment

- Adult Perio Plan – Single** \$549 (valued over \$1900) for 12 months includes
- 2 Comprehensive Exams and Any Necessary X-rays
 - 1 Digital Health Scan and Assessment (Cosmetic, Invisalign and TMJ consult included)
 - 4 Perio Maintenance Cleanings - Oral Cancer Screening included
 - 2 Fluoride treatments
 - 1 Emergency Exam and Necessary X-rays
- 30% off Deep Cleaning/SRP and Soft Tissue Laser Therapy
10% off Invisalign and Cosmetic Treatment (Veneers & Botox) **some exclusions apply*
30% off all Dental treatment

- Child Wellness Plan** \$300 for 12 months or \$250 add on with parent (13 yrs or under) (valued over \$1200) includes
- 2 Comprehensive Exams and Any Necessary X-Rays
 - 2 Professional Cleanings- Oral Cancer Screening included
 - 2 Fluoride treatments
 - 2 Emergency Exams and Necessary X-rays
- 30% off all Dental treatment

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The Wellness Plan advantages include no maximums, no deductibles, no waiting periods, and no preauthorizations.

This agreement cannot be combined with any other offer, dental plan, or insurance plan and must be paid in full.

I agree with the costs associated with participation and understand the obligation. I understand I am responsible for the renewal of my membership as it expires 12 months from the initial payment date. I understand there is no refund if I cancel the plan early or if services are not rendered. I acknowledge this is voluntary participation in the Wellness Plan with Houston Dentistry at Memorial. This agreement is with Houston Dentistry at Memorial and _____ for participation in the In Office Wellness Discount Plan offered by Houston Dentistry at Memorial.

Patient/Guardian Signature: _____

Patient/Guardian Printed Name: _____

Date: _____