

HOUSTON DENTISTRY
at Memorial

In House Wellness Plan Agreement

☐ **Adult Wellness Plan – Single** \$420 (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

30% off all other Dental treatment

10% off Invisalign, Peptide Therapy and Cosmetic Treatment (Veneers & Botox) *some exclusions apply

☐ **Adult Wellness Plan – Duo** \$760 (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

30% off all other Dental treatment

10% off Invisalign, Peptide Therapy and Cosmetic Treatment (Veneers & Botox) *some exclusions apply

☐ **Adult Perio Plan – Single** \$569 (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 Scaling and Root Planing (SRP/ Deep Clean) and Soft Tissue Laser Therapy

30% off all Dental treatment

10% off Invisalign, Peptide Therapy and Cosmetic Treatment (Veneers & Botox) *some exclusions apply

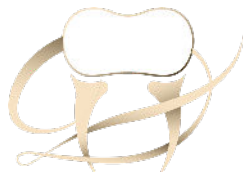
☐ **Child Wellness Plan** \$320 or \$250 add on with parent for 12 months

(13 yrs or younger) (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 Dental treatment and 10% off Peptide Therapy





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

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

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 the patient or the patient's parent/legal guardian identified below for participation in the In Office Wellness Discount Plan offered by Houston Dentistry at Memorial.

Wellness Plan Type:

☐ HD Wellness Single ☐ HD Wellness Duo ☐ HD Perio Single ☐ HD Wellness Child

Patient/Guardian Signature: _____

Patient/Guardian Printed Name: _____

Date: _____

