

What is the Marina Bay Dental Membership?

The membership is a way for you to receive quality dental care at a reduced cost at Marina Bay Dental Associates without the hassle of dental insurance. The membership is only for services performed in our office. Because this is not an insurance product, the terms are very simple!

Who's Eligible? Everyone! That means you and your family, even if you already have dental insurance!

What do I Get?

Your annual membership will include these preventative services:

- Two exams
- Two fluoride applications for children under 18
- Two cleanings
- An optional orthodontic evaluation (\$225 value)
- All necessary xrays

Plus! • 20% reduction on our current office fees for all other necessary or cosmetic treatments.
• only a \$50 co-pay for emergency visits including diagnosis, treatment plan and xray.

What is the Annual Cost? \$399 per member, \$199 per additional household family member.

Membership Savings Example - 30% Savings!

COST WITH NO INSURANCE

Two cleanings.....	\$210
Two exams.....	\$100
Necessary xrays.....	\$268
One large tooth-colored filling.....	\$265
Emergency exam w/xray.....	\$112
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TOTAL.....	\$955

COST WITH INDIVIDUAL DENTAL MEMBERSHIP

Two cleanings.....	included
Two exams.....	included
Necessary xrays.....	included
One large tooth-colored filling.....	\$212 (20% Off)
Emergency exam w/xray.....	\$50
Membership Fee.....	\$399
TOTAL.....	\$661



**Also Included . . .
Your choice of one
of these fabulous gifts!**

- Rechargeable Electric Toothbrush •
- \$100 OFF Your First Crown or Veneer •
- Custom Take home Whitening Kit •

CANNOT BE COMBINED WITH ANY OTHER OFFER

How Do I Join? Simply fill out this form and mail with your payment!

\$399 - Member

Name _____ Date of Birth _____

*I agree to and understand all limitations of the Marina Bay Dental Membership and look forward to substantial savings on my dental care.

Signature _____ Date _____

\$199 - Family Member

Name _____

Date of Birth _____ Relationship _____

\$199 - Family Member

Name _____

Date of Birth _____ Relationship _____

\$199 - Family Member

Name _____

Date of Birth _____ Relationship _____

Limitations:

1. This is not an insurance product. Services for this plan are only offered at the office of Marina Bay Dental Associates and not at any other dental office, including specialists.
2. 20% off treatment includes all other procedures not listed in "What Do I Get?" with the Marina Bay Dental Membership. These include but are not limited to: Adult fluoride applications, gum disease treatments, periodontal maintenance cleanings, microabrasion, fillings, sealants, crowns, veneers, implants, inlays, onlays, dentures, extractions, crown lengthening, and in-office whitening.
3. Patients with gum disease are recommended to receive four cleanings a year. Two of these cleanings will be covered under your membership plan, and two will be 20% off the fee for periodontal maintenance.
4. Membership is for 12 months, there is no reimbursement for termination of the Marina Bay Dental Membership prior to 12 months, or for included preventative services not received.
5. Fees for dental services are due when services are rendered.
6. Fees for laboratory made restorations are due at the preparation/impression visit.
7. Payment plans may only be made for services exceeding \$300.
8. If a payment plan is made, or if you use Care Credit, the 20% fee reduction is reduced to 10%.
9. I agree to pay all collection costs, including but not limited to attorney and court fees.

Total annual payment enclosed \$

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Your annual dental membership will begin as soon as we receive payment in full!