WHITING FAMILY DENTAL

Comprehensive Dental Plan

Enroll Today, Save Tomorrow

The Whiting Family Dental Comprehensive Dental Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available at all of our locations.

With your Comprehensive Dental Plan, there are:

- No yearly maximums
- No pre-existing condition limitations
- No deductibles
- No claim forms
- No pre-authorization requirements
- No waiting periods; you can use the plan immediately

Annual Membership Fee	Single $260	*Dual $485	**Family $795

Note: All fees are non-refundable. *The Dual Plan is for Parent/Child or Husband/Wife only.

**The Family Plan includes up to six family members (children until age 19). You may add additional members for $95 each.

Treatment & Member Discount

DIAGNOSTIC & X-RAYS	
Comprehensive Exam (new patient, initial visit)	100%
Periodic Exam (2 per year)	100%
Limited Oral Exam, Problem Focused	100%
Intraoral - Complete Series or Panorex	100%
Intraoral - Periapical First Film	100%
Intraoral - Periapical Each Additional Film	100%
Intraoral - Periapical Each Additional Film	100%
Bitewing	100%

PREVENTIVE	
Child Prophylaxis (Cleaning. 2 per year at $10 each)	100%
Adult Prophylaxis (Cleaning. 2 per year at $10 each)	100%
Fluoride (2 per year - no age limit at $10 each)	100%
Intraoral - Complete Series or Panorex (1 every 3 years)	100%

ALL OTHER PROCEDURES	
Fillings	25%
Crowns	25%
Root Canals	25%
Sedation	25%
Surgical	25%
Implants	25%
Periodontics (General Dentistry)	25%
Sealants	25%
Dentures and Partials	25%
Space Maintainer	25%
Bleaching	25%

Program Exclusions and Limitations:

The program is a discount plan, not a dental insurance plan. It cannot be used:

- In conjunction with any insurance plan
- For treatment which, in sole opinion of the treating dentist or doctor, lies outside the realm of their capability
- For referrals to specialists
- For hospital or anesthesiologist charges of any kind
- In conjunction with any other promotion or offer

16127 Kasota Rd Suite #103 Apple Valley CA 92307 | Tel 760.242.3223
841 N Downs Suite #C Ridgecrest CA 93555 | Tel 760.375.6999
www.whitingfamilydental.com

WHITING FAMILY DENTAL

Discount Plan Application ☐ New ☐ Renewal

Print clearly in black ink, and answer all questions or indicate "not applicable."

Preferred Dental Office Location: _____ Referred by_____

Your Profile

Name_____ Sex ☐M ☐F Email Address_____

Social Security #_____-_____-_____ Driver's License #_____

Address (not a P.O. Box) _____

City_____ Country_____ State_____ Zip_____

Home Phone #_____ Work Phone #_____ Cell Phone #_____

Your Spouse's Profile

Name_____ Sex ☐M ☐F Email Address_____

Social Security #_____-_____-_____ Driver's License #_____

Address (not a P.O. Box) _____

City_____ Country_____ State_____ Zip_____

Home Phone #_____ Work Phone #_____ Cell Phone #_____

Your Family's Profile

Name_____ Sex ☐M ☐F Age_____ Social Security #_____-_____-_____

Name_____ Sex ☐M ☐F Age_____ Social Security #_____-_____-_____

Name_____ Sex ☐M ☐F Age_____ Social Security #_____-_____-_____

Name_____ Sex ☐M ☐F Age_____ Social Security #_____-_____-_____

Name_____ Sex ☐M ☐F Age_____ Social Security #_____-_____-_____

I, _____, authorize Whiting Family Dental to charge my Credit/Debit Card for the full contract amount for the plan selected and I understand that the plan will automatically renew each year and my Credit/Debit Card will continue to be charged until written notification is received by Whiting Family Dental. I also understand that if the plan is cancelled during the year any charges will not be refunded.

Member Signature_____ Date_____

CHECK ONE: ☐*Single $260.00/Year ☐*Dual $485.00/Year ☐*Family $795.00/Year

*Additional Charges may apply; see specific plan for details Final Contract Amount: _____

Credit/Debit Card number_____ Expiration Date: _____

Authorization Signature: _____ ☐Visa ☐MasterCard ☐Discover

16127 Kasota Rd Suite #103 Apple Valley CA 92307 | Tel 760.242.3223
841 N Downs Suite #C Ridgecrest CA 93555 | Tel 760.375.6999
www.whitingfamilydental.com