RAINES DENTAL
GENERAL AND COSMETIC DENTISTRY

Raines Dental In-House Savings Plan
FOR NEW AND EXISTING PATIENTS

THE WHAT
PLAN SERVICES

- Exams
- Cleanings
- X-Rays
- 15% Off Restorative and Cosmetic Services*

INCLUDING BUT NOT LIMITED TO:

- Fillings
- Crowns
- Extractions
- Root Canals
- Full and Partial Dentures
- Periodontal Treatment
- Sealants & Fluoride

THE WHY
KEY BENEFITS

- No Annual Maximums
- No Deductibles
- No Waiting Period, Eligible for Treatment Immediately
- No Claim Forms or Pre-Determinations
- Leading Edge Technology and Impeccable Quality
- No Downgrades

THE HOW
ANNUAL MEMBERSHIP

- Comprehensive/ Periodic Exam (2 Per Year)
  - Includes periodont at evaluation and charting, oral cancer screening and occlusion exam
- Limited/ Emergency Exam (2 Per Year)
  - Assessment and evaluation of localized problem or complaint
- All necessary X-Rays
- Adult / Child Routine Cleanings (2 Per Year)
  Also includes:
  - Oral hygiene discussion with introduction of new techniques
  - Discussion of Smoking Cessation if requested

ONLY $395.00 PER YEAR/PER MEMBER*

Once enrolled, the ISP program may not be used in conjunction with dental insurance, other savings plans, or discounts for the duration of the annual membership—no exceptions.

BEGIN SAVING TODAY! Please Complete the Form Below

*Exclusions Apply: May not be used in conjunction with insurance or any other savings plan or discounts. Hygiene & whitening products for sale are NOT included. May not be used on ClearCorrect, ZOOM, or porcelain veneers. If payment is made through a third party financing company, the discount on restorative and cosmetic services is reduced to 5%. Membership is non-transferable or refundable and may only be used at Raines Dental.
Please be advised that if you fail to show for a confirmed recall appointment, you will forfeit that cleaning.

JASON RAINES, DDS ᐧ RAINES DENTAL, LLC
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First Name: _____ Last Name: _____

Address: _____

Phone:_____ Email:_____ Date of Birth: _____

Enrollment Period : ____/____/____ to ____/____/____

Sign: _____ Date: _____