

### Dr. Holovnia's VIP Insurance Plan

**Periodontal** Yearly Enrollment Fee: \$872.00

Each additional family member     \$747.00

Included in Membership Plan:

- Preventive/Diagnostic
  - (4) Periodontal Maintenance cleanings per year (**\$838.80 savings**)
  - (1) Comprehensive Oral Examination per year (**\$155.70 savings**)
  - (1) Routine examination per year (**\$92.80 savings**)
  - (2) Limited/Problem focus exams per year (**\$303.40 savings**)
  - (2) Cavity detecting series of x-rays (**\$444.40 savings**)
  - (2) Fluoride applications per year (**\$61.20 savings**)
  - (1) CBCT scan per year (**\$365.90 savings**)
  - (1) Panoramic x-ray or Full mouth series x-rays per year (**\$199.10 savings**)

**TOTAL SAVINGS: \$2461.30/PER YEAR**

- PLUS
  - 20%- courtesy discount on any needed dental treatment within the year (Does not apply to orthodontic treatment).

20% Discounted treatment/services

<u>Service</u>	<u>Cash Fee</u>	<u>VIP Fee</u>	<u>Savings</u>
In-Office Whitening	\$625.90	\$399.00	\$226.90
Occlusal guard	\$716.00	\$593.00	\$123.00
One Surface Filling	\$276.00	\$220.80	\$55.20
Two Surface Filling	\$356.20	\$284.96	\$71.24
Three Surface Filling	\$431.00	\$344.80	\$86.20
Four Surface Filling	\$503.70	\$402.96	\$100.74
Porcelain Crown	\$1789.20	\$1431.36	\$357.84

\_\_\_\_\_

Patient Name \_\_\_\_\_  
Date

\_\_\_\_\_

Patient Signature \_\_\_\_\_  
Date

Effective Date: \_\_\_\_\_

**\*\*Non transferable, no refunds issued, all benefits of your VIP Membership Plan must be used within your benefit year\***

