

MABRY & CONIGLIO *Dentistry*

Renewed/Purchased: _____

Effective Until: _____

The plan is administered by Mabry & Coniglio Dentistry. This plan is not insurance and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M & 956 CMR 5.00. This plan is not a qualified health plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of service.

Plan Includes - Per Person:

- | | |
|--|----------------------|
| 2 Regular Cleanings or Perio Maintenance | 2 Exams |
| 1 Set of X-Rays | 2 Fluoride Treatment |
| 1 Emergency Visit & X-Ray (per year) | |

*Any additional cleanings or any other dental procedure(s) will apply towards the reduced Smart Smile Dental Plan fee.

Plan Options:

- | | | |
|-------------------------------|----------|----------|
| _____ Individual | \$328.00 | per year |
| _____ Double Plan (2 Members) | \$478.00 | per year |
| _____ Family Plan (3 members) | \$678.00 | per year |
| _____ Additional member | \$150.00 | per year |
| _____ Additional member | \$150.00 | per year |
| _____ Additional member | \$150.00 | per year |
| _____ Additional member | \$150.00 | per year |

Total Cost: _____

Please provide all names on this plan (including yourself):

By signing below I acknowledge that I understand that this is not an insurance plan and I understand that I cannot combine this with an insurance plan. I also understand that there are no other discounts in addition to the including but not limited to senior citizen discounts. I understand that this will expire (1) one year from the date I signed this agreement. A photostatic copy of this consent shall be considered as effective and valid as an original.

(Signature)

(Date)