

Children (up to age 18)

Please Fill Out & Send Form in Today to Begin Saving!

1. Child's First Name _____

Last Name _____

Date of Birth _____ ☐ Female ☐ Male

2. Child's First Name _____

Last Name _____

Date of Birth _____ ☐ Female ☐ Male

3. Child's First Name _____

Last Name _____

Date of Birth _____ ☐ Female ☐ Male

4. Child's First Name _____

Last Name _____

Date of Birth _____ ☐ Female ☐ Male

Our affordable plan includes the following services at no charge:

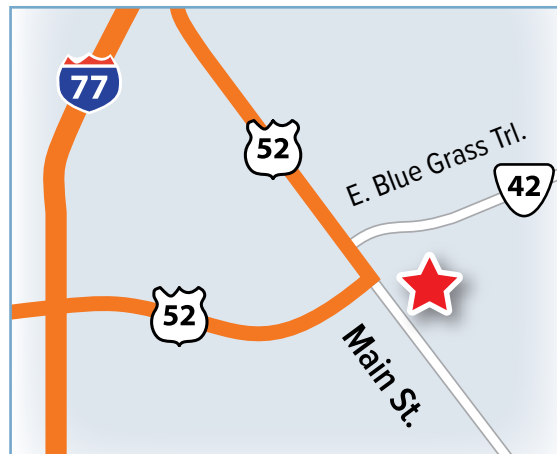
- Periodic Exams (once every 6 months)
- X-Rays (once every 12 months)
- Fluoride for Children (under the age of 18, once every 6 months)
- Cleaning (Prophylaxis—once every 6 months)*
- Oral Cancer Screening

*In absence of periodontal disease

BLAND FAMILY DENTISTRY

Olena S. Lambert, DDS

537 Main Street
Bland, VA 24315
(276) 688-3667



www.BlandFamilyDentistry.com

BLAND FAMILY DENTISTRY

MEMBERSHIP PLAN



START SAVING, START SMILING!

Our convenient money-saving plan to help keep you and your loved ones smiling!

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Affordable Dental Care for All...Now!

Getting affordable quality dental care for you and your family is now easier than ever with a **Bland Family Dentistry Membership Plan**.

Dr. Olena Lambert understands the importance of affordable dentistry and wants her patients to receive the care they need within a budget they can afford.



When you enroll in one of our **Dental Membership Plans**, you save money on great dental care...and you also save a lot of hassle that can come from dealing with insurance companies! Each of our Dental Membership Plans comes with:

- No Yearly Maximums
- No Deductibles
- No Claim Forms
- No Pre-Authorization
- No Pre-existing Condition Limitations
- No Waiting Periods
- Immediate Eligibility

Membership Plan | \$349/yr

Per Person (including children)

(Total cost of each plan is based on
12 months from the purchase date)

If a member is diagnosed with periodontal (gum) disease and requires deep cleaning (scaling and root planing) before establishing a periodontal maintenance schedule, these procedures will be provided at a 15% discount off our standard fees.

You will not receive a membership card. Your plan's effective date will be on file. Bland Family Dentistry Membership Plans are not insurance plans, have no underwriter, and may not be combined with any other insurance coverage or dental plans. No claim forms need to be filed; Bland Family Dentistry shall not bill an insurer for services delivered under membership plans. No qualifications are necessary. Plans are non-refundable.

Preventative Services		
Service	Your Fee	Regular Fees as High as
Comprehensive Exam	no charge	\$107
Periodic Exam	no charge	\$62
X-Rays (every 12 months)	no charge	\$152
Adult Cleaning (every 6 months)*	no charge	\$108
Child's Cleaning (every 6 months)*	no charge	\$80
Fluoride Treatment (children under 18 every 6 mos.)	no charge	\$46
Oral Cancer Screening	no charge	—
Emergency Exam	no charge	\$126
Periodontal Therapy		
Periodontal Maintenance Included 3 - 4 Visits Annually	\$100	\$628

Services Not Listed: 15% Off Our Standard Fees

*In absence of periodontal disease. If patient fails to schedule their two cleanings during the contract period, this service will be forfeited. There is no carry-over period. If patient fails to show for their scheduled cleaning appointment without proper notice, this service will be forfeited. Please note: Advance notice of at least two business days is required to cancel or reschedule appointments. Services that are not provided in our office are not covered under this membership plan.

Please Fill Out & Send Form in Today to Begin Coverage!

First Name _____

Last Name _____

Middle Initial _____ ☐ Female ☐ Male

Home Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth _____ SS# _____

Spouse First Name _____

Last Name _____

Middle Initial _____ ☐ Female ☐ Male

Date of Birth _____ SS# _____

Enrollment Period _____ to _____

*(For family plans, please complete information
for children under age 18 on reverse side)*

Signature (member & spouse)

_____ Date _____

_____ Date _____

Signature (practice representative)

_____ Date _____

☐ Discover ☐ MasterCard ☐ Visa

Card Number _____

Expiration Date _____

Membership Plan
\$349 per year | per person

Patient agrees that Bland Family Dentistry fees stated must be paid at the time services are rendered. Any service not paid for at the time of service will be billed at usual & customary fees. Coverage fees are valid only when paid at the time of enrollment. All family members must live in the same household. This is not an insurance product.

Questions? We're here to help! Please talk to any of our care team! • (276) 688-3667

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