

## **Walden Dental In-Office Dental Plan**

(For patients without traditional insurance)

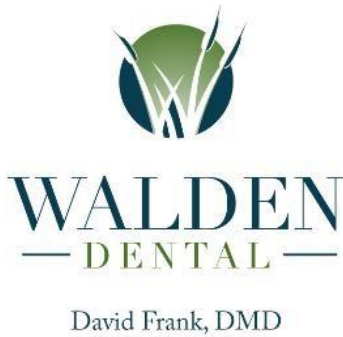
One year of coverage for all services with Walden Dental, including **no charge** for 2 exams, 2 cleanings, and x-rays as needed. In addition, all applicable services\* will be offered at **20% off** usual and customary rates.

### **Annual Premium:**

*Individual: \$299/Year*

*Dependents over 18: +\$199/person*

\*Does not apply to whitening (in-office and/or take-home) or Invisalign services. Invisalign will be offered for a 15% discount off the usual and customary rates, not including initial Clincheck.



## **Walden Dental In-Office Dental Plan**

### Plan Agreement Form

**Type of Plan:** Individual (\$299) - *Dependents over 18: +\$199/person*

Primary Patient Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

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

I, \_\_\_\_\_, have agreed to purchase the Walden Dental Office Plan, which will be applied towards all valid services, and will be active for one year (365 days) from date of purchase. I agree to the reduced fees of this plan, and understand that I am welcome to ask for more information on how this applies to any proposed treatment plans.

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