

OUR AFFORDABLE COVERAGE  
INCLUDES THE FOLLOWING SERVICES  
AT NO ADDITIONAL CHARGE:

Comprehensive Exam (once every six months)

Fluoride Treatment for Adults (once every six months)

Panoramic X-Rays (tri-annual)

Cleaning (Prophylaxis) (twice per covered year)

Emergency Exams & Necessary X-Rays (two per  
year)

Cavity Detecting Bitewing X-Rays (once a year)

Only \$300 for 1 year!

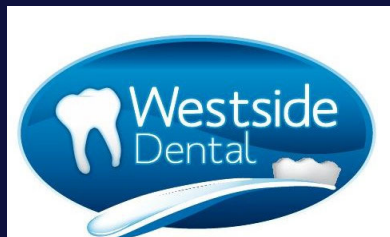
**Enroll Today!**

## ADDRESS

50 Auert Ave.  
Utica, NY 13502

## CONTACT US

Westside Dental | 315-266-0000 |  
westsidedental.utica@gmail.com  
[www.westsidedentalinfo.com](http://www.westsidedentalinfo.com)



INTRODUCING.....

# AN AFFORDABLE ALTERNATIVE TO DENTAL INSURANCE

Westside Dental

50 Auert Ave

Utica, NY 13502

Ph: 315-266-0000

[Westsidedental.utica@gmail.com](mailto:Westsidedental.utica@gmail.com)

# Low- Cost Alternative to Dental Insurance

## WHY SIGN UP FOR OUR PLAN?

Join our low-cost in-house insurance plan for a reduced annual fee. Preventative dental care at no additional cost. Corrective services received a 15% discount off our regular fees.

Patient Name \_\_\_\_\_ M / F  
Responsible Party: (if not the patient) \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_  
S.S.# \_\_\_\_-\_\_\_\_-\_\_\_\_  
12 Month Enrollment Period \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_  
Annual Payment \_\_\_\_\_  
MasterCard / Visa / Discover / American Express  
Card Number \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  
Expiration \_\_\_\_-\_\_\_\_-\_\_\_\_  
CVV \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_-\_\_\_\_-\_\_\_\_

1. This is an in-house discount plan (not an insurance plan) & must be paid in one annual payment of \$300 in full before benefits start & is not refundable or prorated for any reason. Annual fee is per adult over age 17. Cannot be combined with ANY other offers, discounts, or other dental insurance plans.

2. Payment for all services must be made by credit card, Care Credit or cash. Any service not paid for at the time of service will be billed at usual & customary fees.

3. This program automatically renews on the 12th month anniversary of the sign up date. I agree to have my credit card charged the renewal fee. Should I want to cancel at any time after the first anniversary, I agree that the regular fees for any services provided will be deducted from the annual fee & any difference refunded.

\* 48 hour notice for cancellations or fees may be charged.

Accepted & Agreed (name)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date:

\_\_\_\_\_

## WHAT IS COVERED?

Service	Regular Fees
Examinations (twice per year).....	\$65.00 X 2 = \$ 130.00
Cleanings (twice per year) .....	\$100.00 X 2 = \$ 200.00
X-Rays (BW & PA, Annual) .....	\$ 105.00
Panoramic X-Ray (once every 3 years) .....	\$ 120.00
Adult Fluoride (twice per year) .....	\$21.00 X 2 = \$ 42.00
<hr/>	
Total service fees	\$597.00

- Low Cost- Only \$300.00 for the whole year (\$25.00 per month)
- No annual maximum, no deductibles, no excluded services, no waiting periods, no delays, no paperwork or forms to file
- 15% discount on all dental procedures
- Even better than company-sponsored dental plans. Discount applies to **all** in-office procedures, including procedures not normally covered by Traditional insurance. Includes Cosmetic, Implants, Night Guards, etc.....