

# Dental Service Plan

Join today and pay the **discounted fees** instead of the usual fees!

Routine 6 Month Checkup	\$45
Full Mouth X-Rays	\$87
Four Bitewing X-Rays	\$58
Panoramic Film	\$71
Adult Teeth Cleaning	\$72
Child Teeth Cleaning	\$62
Sealant per Tooth	\$46
One Surface White Filling for Upper or Lower Front Tooth	\$175
Single Crown-Porcelain on High Noble Metal	\$887
Root Canal Treatment-Bicuspid	\$850
Perio Scaling and Root Planning (Deep Cleaning - Per Quadrant)	\$202
Tooth Extraction	\$195

**THREE FREE  
MONTHS**

When you call  
today using

referral code **2261**

**(702) 363-8655**

or visit

[summerhillsdental.com](http://summerhillsdental.com)

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**Individual Plan**  
**\$99.00/year**

**Everyone qualifies**  
**Same day activation**

**CareCredit**  
Patient Payment Plans

**AMERICAN  
EXPRESS**



**FLEXIBLE  
SPENDING  
ACCOUNT**

**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 and 956 CMR 5.00. This plan is not a qualified Health Plan under Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers.

# Discount Dental Plan Application

**Three easy ways to join:**

Phone: (702) 363-8655

Bring this form to our office, or fax to: (702) 363-3381

Visit our website: [summerhillsdental.com](http://summerhillsdental.com)

Plans are active immediately.

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Privacy Policy: We do not share any information with any third parties.  
Any information recieved is destroyed after processing.

## Billing Address (if different than above)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Payment Options (Choose One)

Credit Card

Type (circle one): Visa | Mastercard | American Express | Discover

Name (as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: (mm/yy): \_\_\_\_\_ Security Code/CVV: \_\_\_\_\_

Check

Bank Name: \_\_\_\_\_

Account Type (circle): Checking | Saving

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize the verification of the information provided on this form.

The mode of payment is annual.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_