

Albright Dental Practice

Dr. John H. Albright, D.D.S.
2804 Walbert Avenue
Allentown, PA 18104
610-821-8024 Fax 610-821-8084
jhalbrightdds@rcn.com

New Child In-House Dental Program Contract

(age 6 to 14 years old)

I, _____, agree to take advantage of the Albright Dental Practice Child's (age 6 to 14 years old) In-House Dental Program for my child,

_____. I agree to pay the one-time only Program Set-Up Fee of \$50.00 (fifty dollars) at time of contract signing.

1. The Child Program Fee Up-front in Full, \$420.00 plus the one time SET-UP FEE OF \$50.00. Total \$470.00.

Child Program Includes:

- 1 New Patient Comprehensive Exam **\$95.00**
 - 1 Periodic Exam 6 mo. after Comprehensive Exam **\$60.00**
 - 2 Routine Cleanings per year **\$70.00 \$70.00**
 - Panoramic X-ray at Doctor/Guardian's Discretion **\$130.00**
 - 1 Emergency Exam per year **\$65.00**
 - 1 Periapical X-ray per year **\$35.00**
 - 2 Fluoride Treatments per year **\$30.00 \$30.00**
 - 15% Off All Other Dental Procedures **\$585.00**
- (\$115.00 IN SAVINGS PLUS 15% OFF ANY DENTAL PROCED.)**

- The Term Year Under This Contract Starts on _____ and Ends on _____.
- I understand that I am responsible for making my child's appointments and keeping those appointments. If I must cancel an appointment, I will do everything within my power to give 48 (forty-eight) hour prior notice to Albright Dental Practice. (A fee will be charged for "no call, no show" missed appointments.)
- I understand that I am responsible to reschedule any missed or cancelled appointments. If I do not reschedule the appointment, it will not be carried over into the next year.
- I understand that this program is not transferrable to another family member.
- I understand that if I am referred to a specialist or other dental facility my membership will not apply any other practice or facility.
- I understand that all treatments are to be PAID IN FULL at each visit to keep the plan in effect.
- I understand that the annual enrollment fees are non-refundable.

Signed: _____

Dated: _____

ADP Employee Signature: _____

Dated: _____