

Albright Dental Practice

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New Adult In-House Dental Program Contract

I, _____, agree to take advantage of the Albright Dental Practice In-House Dental Program for New Adult Patients. I agree to pay the one-time only Program Set-Up Fee of \$50.00 (fifty dollars) at time of contract signing.

1. The Adult Program Fee Up-front in Full, \$480.00 (four hundred eighty) plus the one time SET-UP FEE OF \$50.00. Total \$530.00

Adult Program (non-perio) includes:

➤ 1 New Patient Comprehensive Exam	\$95.00	
➤ 1 Periodic Exam 6 mo. after Comprehensive Exam	\$60.00	
➤ 2 Adult Cleanings per year	\$95.00	\$95.00
➤ 1 Set of Full Mouth X-rays	\$145.00	
➤ 1 Emergency Exam per year	\$65.00	
➤ 1 Periapical X-ray per year	\$35.00	
➤ 1 Velscope Oral Cancer Screening	\$30.00	
➤ 15% Off All Other Dental Procedures		<u>\$620.00 TOTAL</u>
<u>(\$90.00 IN SAVINGS PLUS 15% OFF ANY DENTAL PROCUDURES)</u>		

- The Term Year Under This Contract Starts on _____ and Ends on _____.
- This contract is good for the first year of my enrollment as a new patient. Starting my second year, I understand that I will need to sign an established patient contract to continue getting further benefits.
- I understand that I am responsible for making my 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 to 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: _____