



Membership Savings Plan

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Membership Options

MEMBERSHIP SAVINGS PLAN

We created our Membership Savings Plan because we know that while everyone needs dental care, not everyone has dental insurance.

Hansen Dentistry's Vision Statement includes the following statement:

"It is our vision to strive to remove barriers that seem to get in the way when it comes to a patient's ability to maintain a healthy smile...The Hansen Dentistry Team is constantly working to discover new ways to break through these barriers so that each and every one of our patients can achieve the smile they deserve!"

Our Membership Savings Plan is a result of this vision because we know that financial barriers are often the hardest to overcome. Our plan will help you reduce your costs for dental cleanings and any treatment needs you may have.

Adult Annual Membership

\$445 per year for patients 12 & older
-or-

Adult Monthly Membership

\$240 1x deposit and then \$40/monthly

Includes the following *every 12 months*:

- 2 Exams (reg. \$72-\$149 each)
- 2 regular cleanings (reg. \$134 each)
- 1 series of X-rays (reg. \$157)
- 2 Fluoride Treatments for patients under age 18 (reg. \$45 each)

Pediatric Membership

\$345 per year for children under 12.

-or-

Pediatric Monthly Membership

\$175 1x deposit and then \$30/monthly

Includes the following *every 12 months*:

- 2 Exams (reg. \$72-\$149 each)
- 2 regular cleanings (reg. \$134 each)
- 1 series of X-rays (reg. \$157)
- 2 Fluoride Treatments (reg. \$45 each)

Periodontal Annual Membership

\$545 per year per person

-or-

Periodontal Monthly Membership

\$275 1x deposit and then \$50/monthly

Includes the following *every 12 months*:

- 2 Exams (reg. \$72-\$149 each)
- 2 periodontal cleanings (reg. \$160 each)
- 1 series of X-rays (reg. \$157)

Membership also entitles you to:

- 15% off any additional treatment *now includes Invisalign, Appliances and Whitening!* (cannot be combined with other offers)
- Free emergency exams (\$93 each)
- Free/unlimited additional X-rays

The great thing is there's no yearly maximums or insurance companies denying claims or not covering services. Let you and your dentist take control of your dental health, not your dental insurance company!

We hope this plan helps you achieve your oral health goals, whatever they may be!

I, _____

Choose to participate in the

_____ Annual Membership Plan

_____ Monthly Membership Plan

I acknowledge that this means my credit card on file will be charged _____ Monthly.

Signature _____

Date _____