



Private Care Savings Plan

THE CENTER FOR COSMETIC & RESTORATIVE DENTISTRY



You work hard to stay healthy. Now there is a way to make sure your smile stays healthy for life! You are invited to join our **Private Care Savings Plan**. Our **Savings Plan** is a special, **reduced fee dental plan** that lets you and your immediate family take advantage of the full range of services offered by Dr. Tanya Brown and the team at The Center for Cosmetic & Restorative Dentistry-ALL AT REDUCED FEES.

These outstanding savings can help you and your family maintain optimum oral health and help keep your smiles healthy for a lifetime. Enroll today!



Current Patient INDIVIDUAL PLAN*

INCLUDES:

- 2 preventive cleanings & fluoride treatments per year
- 2 dental exams per year
- Oral cancer exam
- 10% discount on all other services

FAMILY PLANS ALSO AVAILABLE!



New Patient INDIVIDUAL PLAN*

INCLUDES:

- Comprehensive new patient exam and complete x-rays
- 2 preventive cleanings & fluoride treatments per year
- Oral cancer exam
- 10% discount on all other services
- Eligible for *Current Patient Individual Plan* following one year of enrollment

**One-year memberships must be paid in full at the time of enrollment. Memberships are valid for one calendar year (Jan. 1- Dec. 31). Program automatically renews every year on Jan. 1 and can be cancelled with 30 days written notice. Fees for all treatments are due at the time the service is rendered. Any missed appointments will be forfeited.*

Exclusions: Procedure fee courtesies offered under this plan shall not apply to any treatment already in progress prior to enrollment in the plan, and may not be combined with dental insurance benefits, any other promotions, discounts, or outside financing plans. This is NOT a dental insurance plan, but a discount plan. Benefits are limited to treatment provided by Tanya A. Brown, DMD, LLC.

THE CENTER FOR
Cosmetic & Restorative
DENTISTRY

DR. TANYA BROWN
129 HANBURY ROAD WEST, SUITE 101
CHESAPEAKE, VA 23322
(757) 546-5262



Enrollment Form

Contact Information

Name: _____ Date: _____
 Address: _____
 Phone: _____ Email: _____

YOUR PLAN - CHOOSE ONE

Yes, I would like to enroll in the Current Patient Plan.

\$299

Current Patient Individual Plan
 \$199/each additional current patient enrollee

Yes, I would like to enroll in the New Patient Plan.

\$399

New Patient Individual Plan
 \$175 Savings!
 \$299/each additional new patient enrollee

Enrolled Family Members

Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____

Payment

Cash: _____ Check: _____ Credit Card: _____
 Card Number: _____ Exp. Date: _____ Security Code: _____
 Signature: _____

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