



### Office Hours

Monday 8:30 am – 5:30 pm  
 Tuesday 7:00 am – 4:00 pm  
 Wednesday 8:30 am – 5:30 pm  
 Thursday 7:00 am – 4:00 pm  
 Friday By Appointment



**DAMERON**  
 & TEAM



Brett Dameron, D.D.S.

*Prophy*  
**Membership Plan**  
*"Expect the Ordinary,  
 Experience the Extraordinary"*

12320 North 32nd Street, Suite 1

Phoenix, Arizona 85032

(602) 992-1384

[www.drdameron.com](http://www.drdameron.com)

## Dameron & Team Presents:

### The Membership Plan

A savings plan designed to enable our patients to get the quality care they need at prices they can afford.

### With the Membership Plan there are:

- **No** Maximums
- **No** Deductibles
- **No** Claim Form(s)
- **No** Frequencies Limits
- **No** Waiting Periods
- **No** Pre Auth Requirements
- **No** Pre Existing Limitations

### Total Annual Cost of Plan: \$445 per person

### Benefits Include:

- 2 Exams
- 2 Cleanings
- All Routine/Necessary X-rays
- Intra Oral (camera) Exam
- Fluoride (as needed no age limit)
- 1 Limited/Problem Focused Exam and X-ray if needed.
- **20% discount on additional cleanings**
- **20% discount on all other dental treatment excluding Cosmetics and Invisalign**

### Program Details:

- This Membership Plan is a discount plan, **NOT** a dental insurance.
- The Plan is good only at Dr. Dameron & Team.
- Care from other providers or specialists is not included.
- Plan cannot be combined with any dental insurance or discounts.
- Cannot be used for services or injuries covered under workmans comp, automobile, homeowners or medical insurance.
- Cannot be used for hospitalization or hospital charges of any kind.
- Plan cannot be used for treatment, which in sole opinion of Dr. Dameron, lies outside the realm of his expertise.

### Terms:

- The 12 month membership fee is to be paid in full to receive benefits & discounts.
- Cost of plan is non-refundable and non-transferable if patient elects not to utilize.
- Cost of plan and current fee schedule are subject to change.
- Patients portion for treatment is due on day of service. We accept cash/check, all major credit cards or Care Credit. Care Credit **cannot** be used to enroll in the membership plan.
- Renewal payment is due the beginning of the same month each year.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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- **No** Claim Form(s)
- **No** Frequencies Limits
- **No** Waiting Periods
- **No** Pre Auth Requirements
- **No** Pre Existing Limitations

### Total Annual Cost of Plan: \$545 per person

### Benefits Include:

- 2 Exams
- 2 Periodontal Cleanings
- All Routine/Necessary X-rays
- Intra Oral (camera) Exam
- Fluoride (as needed no age limit)
- 1 Limited/Problem Focused Exam and X-ray if needed.
- **20% discount on additional cleanings**
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