



Cummins Family Dental Membership Plan

1100 Washington St. Suite 208 Dorchester, MA 02124
P: 617-690-3558 F: 617-690-3558

Adult: **\$450** annual fee

Child (under 21): **\$350** annual fee

Periodontal Maintenance Adult: **\$575** annual fee

Preventative Care (Type I)

- | | | |
|----------------------|------------------------|-------------------------------|
| • Radiographs | every 6 months | covered 100% |
| • Oral Examination | every 6 months | covered 100% |
| • Regular Cleaning | every 6 months (2x/yr) | covered 100% |
| • Fluoride Treatment | every 6 months | covered 100% |
| • Perio Maintenance | every 3 months (4x/yr) | covered 100% (w/ hx of SC/RP) |

Restorative Care (Type II)

- | | |
|-----------------------|-------------|
| • Fillings | covered 15% |
| • Buildups | covered 15% |
| • Deep Cleanings | covered 15% |
| • Extractions | covered 15% |
| • Emergency Treatment | covered 15% |

Major Dental Care (Type III)

- | | |
|---------------|-------------|
| • Root Canals | covered 10% |
| • Crowns | covered 10% |
| • Implants | covered 10% |
| • Dentures | covered 10% |

Elective Care (Type IV)

- | | |
|-----------------------|-------------|
| • Night Guard | covered 10% |
| • In-office Whitening | covered 10% |

Print Name: _____

Signature: _____ Date: _____