



Andresen Prosthodontics

1601 Lakeside Dr.
Reno, NV 89509
(775) 323-3574

Premier Membership Discount Program Effective January 1, 2026

All benefits for 12-consecutive month period – period begins date of purchase

- **Single Adult-(Regular Cleanings and Checkups) – \$500 – Code MP01**

- ❖ 2 Periodic Exams (D0120) per 12-month membership period
- ❖ 2 Adult Prophylaxis (D1110) per 12-month membership period
- ❖ 1 set of 4-Bitewing Checkup X-rays (D0274) per 12-month period
- ❖ 1 Fluoride Varnish per year

- **Single Adult- (Perio-Maintenance w/ Quarterly Cleanings and Checkups)-\$1000- Code MP02**

- ❖ 2 Periodic Exams (D0120) per 12-month membership period
- ❖ 4 Perio-Maintenance Cleanings (D4910) per 12-month membership period
- ❖ 1 fluoride varnish applications (D1206) per 12-month membership period
- ❖ 1 set of 4-Bitewing Checkup X-rays (D0274) per 12-month period

- **Single Child ages 12 and under- \$400 – Code MP03**

- ❖ 2 Periodic Exams (D0120) per 12-month membership period
- ❖ 2 Cleanings (D1110) or (D1120) per 12-month membership period
- ❖ 2 fluoride varnish applications (D1206) per 12-month membership period
- ❖ 1 set of 4-Bitewing Checkup X-rays (D0274) per 12-month period

Additional Discounts:

- Additional exams including limited/TALs (D0140) - **\$100** per exam w/ Diagnostic X-ray (D0220)
- **20%** discount off any treatment needed in office, including restorations, crown and bridges, and dentures
- Nitrous not included, must be purchased at full cost of **\$127** (D9230)

Annual fee is required for enrollment – Membership Fees are NON-Refundable and cannot be transferred to other family members.

DESCRIPTION:

This plan cannot be combined with dental insurance. This is NOT an insurance plan, no claims are filed, no payments are made to any other healthcare providers and may not be used outside of Andresen Prosthodontics' assigned dentists. Andresen Prosthodontics is NOT a licensed insurer, health maintenance organization, or other underwriter of health services. This plan may NOT be combined with any other offers, discounts, insurance plans, discount plans, or advertisements.

MEMBERSHIP:

Once the application process is completed and the annual fee is paid, you will immediately be eligible to reap the benefits of the program. The membership period is valid for twelve (12) consecutive months from the time of enrollment. Membership cannot be transferred to other family members and is NON-refundable after member has been seen for services.

TERMS:

Annual fee is required for enrollment and must be paid at the time of enrollment with cash, check, or credit card – financing of membership fees is NOT available. The membership period is valid for twelve (12) consecutive months from the time of enrollment. Membership cannot be transferred to other family members and is NON-refundable after member has been seen for services. *Andresen Prosthodontics reserves the right to modify, change, or discontinue the membership program, terms, services, and fees at the company's discretion without prior notice.*



Andresen Prosthodontics

Responsible Person/Guarantor/Guardian: _____

Relationship to patient/member(s): _____

Member to be enrolled:

Type of Membership :

MP01 ___MP02 ___MP03 ___

Total Fees Due \$ _____

I, the undersigned, do hereby understand and agree to the terms of the Premier Dental Membership Plan offered by Andresen Prosthodontics. I have had the opportunity to ask questions and have them answered to my satisfaction. My signature serves as my agreement to enroll the members listed above and adhere to the terms of this agreement.

Signature

Date

For Office Use Only:

Effective Date: _____

Renewal Date: _____

Processed by: _____

