

Congratulations on your commitment to your Oral Health!

Your membership in the Oasis Dental Wellness Plan provides you with excellent benefits which will allow you to consistently get the care you need and deserve.

Wellness Plan Annual Membership Fees:

| ndividual - \$95.00 | |
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| ndividual plus one - \$145.00 | |
| Family - \$190.00 | |
| -amily - \$190.00 | |
| | |
| our membership benefits include: | |
| 50% Discount on all exams, x-rays and routine clear | nings |
| 20% Discount on all General Dentistry and Periodor Root Canals, Dentures, etc.) | ntal Treatment. (Fillings, Crowns, Bridges, Extractions, |
| 10% Discount on all orthodontic procedures | |
| | |
| Date of Enrollment: | |
| First Name: | _ Last Name: |
| Additional Members- First and Last: | |
| | |
| Address: | |
| | Zip Code: |
| Home Phone: | Cell Phone: |
| Signature: | |
| No Insurance Claims No Waitin | g Periods No Treatment Exclusions |

No Maximums No Hassles