

Pasadena Dental Doc

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In Office Discount Plan Financial Agreement

Begin Date: _____ End Date: _____

Healthy Mouth Package Pricing (2 visits per 12 months): Includes 4 BW and 3 PA. Excludes Pano.

- One Person: \$ 350
- Two Persons: \$ 700
- Family of 3: \$ 900
- Family of 4: \$ 1160
- Family of 5: \$ 1400
- Each additional person: \$275

Periodontal Package (3 visits per 12 months) Pricing: Includes 4 BW and 3 PA. Excludes Pano.

- One Person: \$ 525
- Two Persons: \$ 1000
- Each Additional Person: \$ 510

Periodontal Package (4 visits per 12 months) Pricing: Includes 4 BW and 3 PA (every 6 months).
Excludes Pano.

- One Person: \$ 650
- Two Persons: \$ 1300
- Each Additional Person: \$ 625

I, _____, agree to pay the amount of \$_____ in full for services included in the specified package marked above. I understand that any services not used within the 12 month time frame will be forfeited and NO portion of the amount paid will be refunded back to me.

Signature of Patient or Responsible Party

Date

Witness

Date