

Enroll Today!

Coverage Begins on the Day You Register: Please fill out the form below.

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE OF BIRTH MONTH | DAY | YEAR | FEMALE MALE

S.S # | | | - | | | - | | |

DEPENDENT(S) _____

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE OF BIRTH MONTH | DAY | YEAR | FEMALE MALE

S.S # | | | - | | | - | | |

ENROLLMENT PERIOD: _____

MONTH | DAY | YEAR | TO | MONTH | DAY | YEAR

SIGNATURE(S) _____

MEMBER: _____ DATE: _____

DEPENDENT: _____ DATE: _____

PAYMENT: MASTERCARD VISA DISCOVER   

CHECK: Make check payable to **The Tooth Boss**

CARD #: | | | - | | | - | | |

EXPIRATION DATE: _____ CVW CODE: _____

Dr. Richard E. Wolfert, DMD
1121 Main St., Ste #2, So. Weymouth, MA 02190

Call **781-335-0604** Today!
www.ToothBoss.com



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So. Weymouth, MA 02190



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Benefit Program

Treatment You Need at
Prices You Can Afford



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THE TOOTH BOSS Benefit Program

Our goal with **The Toothboss Benefit Program** is to help you make your dental visits more affordable so you can get the quality dental care you want and need. Our new, in-house plan allows individuals or families without dental insurance to receive all available dental services with **The Toothboss** for a percentage discount off the office's regular fees.



In-House Dental Plan Membership

Once the annual fee is paid and received for the membership program, you will be entitled to dental services for 12 months. Members, spouses and dependent children under 26 are eligible.

Savings: Membership includes the following services at no charge:

- 1 Comprehensive Exam with FMX *(once every 5 years)*
- 2 Periodic (routine) exams *(once every six months)*
- X-rays (4 Bitewings – *once every 18 months*)
- 2 cleanings *(prophylaxis – once every six months, twice per calendar year)*
- 1 Periodontal exam *(once per year)*
- 1 Oral Cancer screening exam *(once per year)*
- 2 fluoride treatments for children *(under the age of 19 – once every six months)*

All dental services are offered at a **20% FEE REDUCTION** off our normal fee.

Advantages

- Low cost
- No deductibles
- No claim forms
- No waiting period for full benefits
- No annual maximums
- No treatment limitations
- No exclusions on treatment
- No third-party interference, no pre-determinations or pre-authorization required
- No six (6)-month restriction between cleanings
- No fighting the insurance company to pay on claims

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In-House Dental Plan

Annual Fees

- Member. \$300
- Each Additional dependent. . . \$250
(up to family of four, then each additional child \$100 each)

Payment options

Payment for **The Toothboss Dental Plan** can be made by check or credit card at the time of your visit.

To register, you can use the form in this brochure or download one from **Toothboss.com** under Patient Forms (search for **The Toothboss Benefit Program**). We also offer a monthly payment program but you will need to set that up in our offices using a credit card or debit card.*

Disclaimer: This is NOT an insurance program, and Richard E. Wolfert, DMD is not a licensed insurer, preferred provider organization, or other underwriter of health services. The discounts offered are valid only in this office and for services, not products.

Exclusions and Limitations

Our Benefit Program is not an insurance plan and has been designed to provide our patients the dental care they need at the most affordable rate. The Benefit Program:

- Is standalone coverage not to be combined with insurance benefits.
- Is for use in treatment that lie within our realm of expertise, therefore if you are referred to a specialist, they will NOT offer this discount.
- Cannot be used should there be a dental treatment needed following an injury where a lawsuit and, therefore outside medical/dental care, disability, or worker's comp type insurance is involved.
- Does not allow refunds for paid premiums, even if the Benefits Program is not utilized during the participation period.
- Is for all family members who reside in the same household.
- Rates are subject to change annually.
- Payments or services are due at time of services.
- Any services not paid at time of service will be billed at usual and customary non-discounted fees.
- Plan fees are valid only when paid during time of enrollment.

*If you choose to use CareCredit or Patient Lending Club or use the monthly payment plan, a 10% merchant fee will be charged.