

# Pre-Wellness Package

Individual	\$328
Dual*	\$656
Family of 4**	\$1312
Add'l Children	\$200 each

\*Dual Plan: Parent/Child or Husband/Wife

\*\*Family Plan:  
- Children who are enrolled in college full-time until the age of 23.  
- Children who are not enrolled in college full-time until the age of 18.

Enrollment forms available at  
Bear River Dental  
50 Park Rd  
Evanston, WY 82930



307.789.5608

# the Discount Dental Plan

*Giving you access to affordable quality dental care*



50 Park Rd.  
Evanston, WY 82930

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[www.bearriverdental.com](http://www.bearriverdental.com)

# TERMS & CONDITIONS

- Plan is administered solely by the General Dentists at Bear River Dental.
- Plan may not be used together with any other dental plan.
- Plan is effective for one year from date of enrollment.
- Pre-Wellness Package fee is non-refundable.
- No refunds if participant does not utilize the plan.
- Payment is due at time of service.
- Plan may not be combined with any other offer or coupon.
- Payment by credit or debit card will incur a 5% service charge.

# LIMITS & EXCLUSIONS

The Discount Dental Plan is a savings plan which gives significant discounts on the services rendered as outlined in the "Services" table. The Discount Dental Plan is only honored by the General Dentists at Bear River Dental. This dental plan is not an insurance plan and cannot be used at any other dental office.

It may not be used:

1. In conjunction with another dental plan
2. To treat injuries covered under Workman's Comp
3. For treatment which, in the sole opinion of the treating dentist, lies outside the realm of their capability
4. For referrals to specialists, including Wyoming Dental Specialties
5. For hospital or surgical center charges
6. For cost of dental care covered under any other insurance plan

# the Discount Dental Plan

The Bear River Dental Discount Plan is designed to serve patients who do not have insurance or other dental coverage. This plan conveniently allows you to continue caring for your dental health needs with comprehensive preventive care and discounts on restorative and cosmetic procedures. It is a great alternative for businesses, families, or individuals who want dental health discounts without the hassle of traditional dental insurance.

- No Waiting Periods
- No Yearly Maximum
- No Deductibles
- No Claim Forms
- No Pre-Authorization Requirements
- No Pre-Existing Condition Limitations

# SERVICES

Service	DISCOUNT
Comprehensive Exam {2 per year}	100%
Adult Cleaning* {2 per year}	100%
Child Cleaning* {2 per year}	100%
X-Rays	100%
Panoramic X-Ray {1 every 3 years}	100%
Child Fluoride {2 per year}	100%
Sealants	50%
Cone Beam X-Ray	10%
Diagnostic Panoramic X-Ray	10%
Fillings	10%
Crowns	10%
Periodontal Treatments	10%
Dentures & Partials	10%
Root canals {Dr. Walker 5%}	10%
Extractions	10%
Implants	10%



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# the Discount Dental Plan

## Enrollment Form

### Applicant Information

Name: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### CO-Applicant Information

Name: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### CHILDREN Information

Name: _____	Name: _____
M / F Date of Birth: _____	M / F Date of Birth: _____
Name: _____	Name: _____
M / F Date of Birth: _____	M / F Date of Birth: _____
Name: _____	Name: _____
M / F Date of Birth: _____	M / F Date of Birth: _____

### WHICH COVERAGE WOULD YOU LIKE?

Single     Dual     Family of 4     Each Additional Child

Applicant's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



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