

## PLAN EXCLUSIONS & POLICIES

- This membership plan cannot be used in conjunction with any insurance plan, discount plans, or workers compensation benefits.
- This plan can be used for services only at Broadway Dental of Pearland. Benefits cannot be used on services referred to specialists.
- Plans are non-refundable.
- Unused benefits will not be carried over to the following year.
- Discounts cannot be used with any other specials. The discounts are only on the full regular fees. Patient's portion of any treatment is due before the treatment is provided.
- Care Credit financing will be subject to Care Credit merchant fees.
- Full payment due at time of first cleaning.

## DENTISTRY YOU CAN TRUST

### CONTACT US

281-857-6321

[info@BroadwayDentalPearland.com](mailto:info@BroadwayDentalPearland.com)

11930 Broadway Street, Suite 130  
Pearland, TX 77584



### OFFICE HOURS

Mon – Thu: 8:00AM – 5:00PM

Fri: 8:00AM – 2:00PM

Sat: 8:00AM – 5:00PM (By Appointment Only)



BROADWAY DENTAL  
OF PEARLAND



BROADWAY DENTAL  
OF PEARLAND

# WELLNESS PLAN

Dr. Andrew Allouch and  
Broadway Dental of Pearland  
Proudly Offer an Alternative to  
Dental Insurance.

## ADULT WELLNESS PLAN

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- \$350 annually
- 12 months long
- Exams and x-rays are included, as needed
- 1 comprehensive/annual exam
- 1 emergency exam
- 2 cleanings (either prophy or perio maintenance)\*
- 2 fluoride treatments
- 15% off any treatment

## KIDS/SENIORS(65+) WELLNESS PLAN

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- \$250 annually
- 12 months long
- Exams and x-rays are included, as needed
- 1 comprehensive/annual exam
- 1 emergency exam
- 2 cleanings (either prophy or perio maintenance)\*
- 2 fluoride treatments
- 20% off any treatment

## BENEFITS OF A WELLNESS MEMBERSHIP PLAN

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- No Contracts
- No Waiting Periods
- No Maximums
- No Claims
- No Hassle
- No Deductibles
- No Pre-authorizations

\*In the absence of periodontal disease. Periodontal Deep Cleanings are not included in the 2 free cleanings listed, but the treatment discount may be applied.

## MEMBERSHIP ENROLLMENT

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

(Circle one): Male / Female

Home Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of responsible party \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT METHOD

(Circle one): MasterCard / Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

