



David W. Piper, DMD
Family Dentistry
WELLNESS PLAN



INDIVIDUAL PLAN
\$28.00 per month*

CHILD PLAN
age 12 years or under
\$22.00 per month*

**12 months paid in full
*Eligibility is based on 12 consecutive
months following the enrollment date.*

David W. Piper, D.M.D.
7500 Bryan Dairy Road, Suite C
Largo, FL 33777
(727) 548-7100
www.mouthdocs.com
mouthdocs@gmail.com
DN13335

SERVICES

Oral Exam (D0150 or D0120 or D0180) x 1/year
Unlimited Emergency Exams (D0140)

Prophylaxis (D1110, D1120) x 2/year
Additional Prophylaxis (D1110, D1120)

Fluoride Treatment (D1203, D1204)
Sealants (D1351)

X-Rays
(D0210, D0220, D0230, D0270, D0272,
D0274, D0330)

Periodontal Treatment and Maintenance
(D4341, D4342, D4355, D4346, D4910*)

Fillings (D2110 - D2394)
Crowns/Onlay/Inlay (D2410 - D2999)
Root Canals (D3110 - D3330)
Extractions (D7110 - D7999)
Dentures/Partials (D5100 - D5900)
Bridges/Implant Crowns (D6010 - D6999)

DISCOUNT

100%
100%

100%
25%

35%
30%

30%

25%

20%
20%
20%
20%
20%
20%



Patient Name: _____

_____ \$28 / \$22 x 12 mo. = \$ _____

BENEFIT YEAR:

From _____

To _____

TOTAL: _____

Signature _____

Date Today _____

*A credit of \$130 will be credited twice a year to patients who require a periodontal maintenance cleaning instead of a prophylaxis. Patient must see the hygienist 4 times a year to receive the discount.

THE PATIENT & ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A RIGHT TO REFUSE TO PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION OR TREATMENT THAT IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR THE FREE, DISCOUNTED FEE, OR REDUCED FEE SERVICE, EXAMINATION OR TREATMENT. (FLORIDA STATUTE SECTION 456.062)