

**Dr. Bruce Lein, D.D.S.**

# VIP Membership



**Dr. Bruce Lein D.D.S.**  
825 S. US Highway 1, Suite 250  
Jupiter, FL 33447

[bruceleindds@gmail.com](mailto:bruceleindds@gmail.com)  
[www.bruceleindds.com](http://www.bruceleindds.com)

*Not just a dentist office but  
a dental team that Cares!*

## payment information

Enrollment Date \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Pay by:  VISA  MasterCard  Discover

Card No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CW#: \_\_\_\_\_

I understand and accept all terms and conditions of the Dr. Bruce Lein VIP Membership as set forth in the VIP Brochure. I hereby authorize my credit/debit card, if applicable, for the stated payment amount to be charged.

Signed: \_\_\_\_\_ (by Adult Patient or Child's Parent or Guardian) Date: \_\_\_\_\_

**Dr. Bruce Lein D.D.S. • 825 S. US Highway 1, Suite 250, Jupiter, FL 33447**  
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**DISCOUNTS:** During the membership term, VIP members are entitled to discounts off standard fees.

We at Dr. Bruce Lein's office realize that dentistry can be costly and that not everyone has dental insurance. As part of our commitment to make comprehensive, quality dentistry affordable for our patients, we are pleased to offer our **VIP MEMBERSHIP** which provides substantial fee discounts off our services. Our program is ideal for patients without insurance and those who seek discounts on cosmetic treatments.

### OUR MEMBERSHIP IS SIMPLE AND EASY

Upon enrollment, you will be granted all discounts and membership benefits immediately. Simplify your dental treatment plan with one set price.

### BENEFITS

As a **VIP MEMBER**, you will be entitled to all of the following benefits:

- **Discounted fees** on dental treatment we offer in our dental office including cosmetic and special services – you pay the office directly at the time of service.
- **No hidden** “non-covered services”!
- **No referrals**, pre-approvals or authorization required!
- **No waiting period** for any services; all discounts are available to you immediately.
- **No limits**, maximums or excluded treatments.
- **No insurance claims, paperwork** or hassles.
- **Same-day care** for true dental emergencies.
- **Never** a charge for second opinions!

### MEMBERSHIP OPTIONS

**Annual Membership Fees:** \$149 Adults / \$49 Kids (14 and under)

## ALL DENTAL TREATMENT PROVIDED IN DR. BRUCE LEIN'S OFFICE

TREATMENT - ADA CODE/DESCRIPTION	STANDARDS	VIP
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### DIAGNOSTIC - D0100-D0999

Examinations (D0120/D0150)	\$107	<b>NO CHARGE</b>
X-Rays (D0220/D0274)	\$35-\$159	<b>NO CHARGE</b>
All Other Diagnostic Services		<b>50% off</b>

### PREVENTATIVE CLEANINGS/HEALTHY GUMS

Adult Cleaning / Prophylaxis (D1110)	\$115	<b>\$75</b>
Child Cleaning / Prophylaxis (14 and under) (D1120)	\$90	<b>\$45</b>

### DEEP CLEANINGS / PERIODONTAL THERAPY

Periodontal Scaling&Root Planing (D4341/Per Quad)	\$304/\$221	<b>\$100</b>
Periodontal Maintenance Cleaning (D4910)	\$166	<b>\$75</b>

### PREVENTATIVE - D1000-D1999 **25% OFF**

All Preventative Services other than Cleanings

### RESTORATIVE - D2000-D2999 **25% OFF**

Fillings (Surfaces 1-5)	\$160-\$290	\$150-\$210
Bond (Surfaces 1-5)	\$140-\$210	\$130
Crown	\$1100	\$825
Veneer	\$900-\$1400	\$800

### PROSTHODONTICS - D5000-D5999 (REMOVABLE) **25% OFF**

Complete Denture (per arch)	\$1500	\$1100
Partial (per Quad)	\$1200	\$800

### PROSTHODONTICS - D6200-D6999 (FIXED) **25% OFF**

Crown	\$895-\$1100	\$825
3 Unit Bridge	\$3300	\$2400

### ADJUNCTIVE SERVICES - D9000-D999 **25% OFF**

Whitening & other miscellaneous services

## SPECIALIST / SPECIALTY PROCEDURES

### ENDODONTICS - D3000-D3999 **25% OFF**

Puplotomies, Root Canals

### PERIODONTICS - D4000-D4999 **25% OFF**

Gingivectomy and All Periodontal Procedures

### ORAL SURGERY - D7000-D7999 **25% OFF**

Extractions, Wisdom Exts, Bone Graft & Osseous Surgery

### IMPLANTS - D6000-D6199 **25% OFF**

### ORTHODONTICS - D8000-D8999 **25% OFF**

## enrollment information

Membership Fee:  Adults: \$149.00  Children (under 14) \$49.00

Membership fee is payable in full upon joining the program and is non-refundable.

Patient Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ DOB \_\_\_\_\_

Guarantor \_\_\_\_\_ Home Ph # \_\_\_\_\_ Business/Cell Ph# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Additional Family Members (living in the same household)

Name _____	Relationship _____	Soc Sec # _____	DOB _____
Name _____	Relationship _____	Soc Sec # _____	DOB _____
Name _____	Relationship _____	Soc Sec # _____	DOB _____