



Dental Wellness Plan

Coronado Dental's Wellness Plan is focused on delivering all of the great preventive and restorative treatment options at a more affordable rate for private-pay patients. Please review all wellness plan details and return with signature to our team of Care Coordinators at info@corondodental.com.

Contact Information

Phoenix Office:

2410 W. Ray Road, Suite #3
Chandler, AZ 85224
Telephone: (480) 461-8683
Fax: (480) 964-4171

Tucson Office:

622 N. Country Club Road, Suite B
Tucson, AZ 85716
Telephone: (520) 527-5788
Fax: (480) 964-4171

Questions?

Please contact our Care Coordinators with any questions or requests of information via email at info@coronadodental.com

Products and Services

Products and Services	Quantity	Price
Total of 12 months of coverage that begins upon enrollment and payment of services.		
On-site visits with your professional care team that includes services tied to its house call and coordination of care.	6	
Routine dental exams provided in-person with the Dentist. <ul style="list-style-type: none"> All exams include medically necessary x-rays, as well as an oral cancer screening and updates to the patient's personalized care plan. 	2	
Hygiene cleanings <ul style="list-style-type: none"> Oral swabs and denture maintenance is included for edentulous patients. 	4	
Emergency dental exam in the event that a patient experiences severe oral pain or infection. <ul style="list-style-type: none"> Additional emergency visits will be paid out-of-pocket if they occur within the 12-month membership time period. 	1	
Discount on additional procedures saving a total of 20 to 25%		
One-time total to paid upfront		\$900.00

Signature of Approval

_____ Date: _____
Signature: Resident-Patient, Responsible Party, or Facility/Staff

_____ Date: _____
Printed Name: Resident-Patient, Responsible Party, or Facility/Staff

***Facility/Staff Verbal Witness:** I hereby sign as witness that this resident is competent to make his/her own decisions and consents to the above terms but is physically unable to sign independently.

_____ Date: _____
***Facility/Staff Verbal Witness (Sign and Print Name)**

Membership Plan Disclosures

Coronado Dental's membership plan is not an insurance product or state-sponsored health plan, but rather a direct payment for the subscription of designated dental services and their coordination of care. All payments must be made and agreement signed prior to rendering covered services.

The membership plan begins upon payment received and lasts for 12 months from its Effective Date. Leading up to the end of each yearly term, the patient or POA will receive communication for renewal of benefits within 30 days of expiration.

All additional treatment plans for restorative care procedures will be established by the Doctor and presented to the patient for consent and authorization of care. This process will be coordinated by Coronado Dental's Scheduling and Billing departments. These additional, non-covered, procedures will be provided at a discounted rate and paid for separately.

Coronado Dental will not retain any payment information for its patients. Each individual's billing information is collected by HubSpot and its third-party payment processing platform. Coronado Dental will manage its patient list of active patients on the insurance plan and basic demographic information for internal tracking purposes.