

dentaldirect New Patient Marketing Opportunities

Marketing Solutions That Work for Your Practice



**Email Blast to Members
Announcing Participation**



**Custom Social Media Posts
to Increase Visibility**



**Text Alerts to Members
Announcing Participation**



**Featured Provider Listing
in Newsletters & Mailers**

Be the First to be Seen by Active Members in Your Zip Code

Become a Featured Provider by purchasing any one of our Marketing Packages. As a Featured Provider your practice information will automatically move to the top of our Dentist Search Directory where members go to find local participating dentists. This means you will be seen first by local patients in your area.

Social Media Marketing

\$180 annually

- ✓ 36 Posts highlighting Your Practice on our Dental Direct Social Media Pages including Facebook and Twitter.

Member Text Alerts

\$300 annually

- ✓ Every time a new member signs up in your zip code, we will send out a text alert with your practice information as a featured participating provider.

Enhanced Web Listing

\$600 annually

- ✓ Customized Landing Page with Office Photo
- ✓ List All of Your Dentists & Hygienists in Your Dental Practice
- ✓ Office Address Directions with Google Maps
- ✓ Link to Website & Social Media

Member Email Marketing

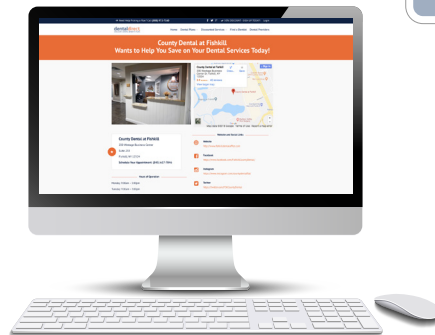
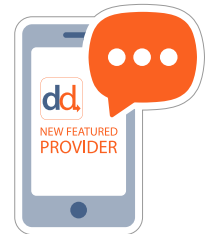
\$1200 annually

- ✓ When a new member signs up, an automated email will be sent to them with your dental practice information.
- ✓ Your dental practice will be listed as a Featured Provider in our Quarterly Member Newsletter.

Postcard Mailer

\$2000 per campaign

- ✓ 5000 Postcards per Campaign
- ✓ 6.5" x 9" Glossy Postcard
- ✓ Mailed to Local Homeowners
- ✓ Save \$750 on Postage
- ✓ Mailing by Office Zip Code
- ✓ Choose from 6 Designs



Have Exclusivity in Your Zip Code with Our Featured Provider Postcard Mailer

We limit the number of dental featured providers postcard mailings per zip code. Book all 4 spots for the year and be exclusive in your local area. Don't miss out on this great opportunity to corner the market and see new patients in your area.

FAX FORMS TO: (800) 556-1750 EMAIL FORMS TO: providers@dentalplansdirect.com



MARKETING SOLUTIONS FOR PARTICIPATING DENTAL OFFICES

Fax to: (800) 556-1750 Email to: providers@dentalplansdirect.com

PRACTICE INFORMATION

*Office Name: _____

*Address: _____
Street City State Zip

*Phone: _____ Email: _____

Contact Name: _____ Title: _____

Hours of Operation

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

Website Links

- Practice Website: _____
- Facebook: _____
- Instagram: _____
- Twitter: _____

DENTAL PROFESSIONALS INFORMATION *(For additional dental professionals you would like listed on our Online Marketing Directory, Social Media Pages and included in our Dental Marketing Program, please complete Additional Dental Professionals Form.)*

First Name: _____ Last Name: _____ D.D.S. D.M.D.

- Hygienist Dentist Pedodontist Periodontist Endodontist Oral Surgeon Orthodontist Prosthodontist

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MARKETING OPTIONS *(Please see Marketing Sell Sheet for Details)*

- Social Media Marketing- \$180 annually Member Text Alerts - \$300 annually Enhanced Web Listing - \$600 annually
- Member Email Marketing - \$1200 annually Postcard Mailer - \$2000 per campaign

Billing Information Card Type: Visa MasterCard AMEX Discover

Name on Card: _____
First Last

Card Number: _____ Exp. Date: _____ CVV Code: _____

Billing Address: _____
Street City State Zip

I confirm that the information submitted to Dental Direct is accurate and true and authorize Dental Direct to charge the agreed reoccurring annual or one-time marketing/advertising charge to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I also understand that if offered a annual recurring payment option, that I must remain in the program for at least 90 days or three billing cycles and that I need to submit my cancellation request in writing. If I choose a yearly reoccurring payment, I understand that no refunds are extended in the first year and to cancel for subsequent years, I must send in notification in writing 30 days before the next annual billing/renewal date.

Signed: _____ Dated: _____