

Fletcher Hills

DENTAL ARTS

WELLNESS SAVINGS PLAN

With our plan you won't have to worry about deductibles, claim forms, pre-authorization requirements, pre-existing condition limitations or waiting periods! With our Wellness Plan you can take care of your whole family's smile at an affordable price. The plan begins with a –

Low Annual Fee

<u>Plan Type</u>	<u>Annual Fee</u>	
	Cash or check	Credit Card
Individual	\$365	\$384
Couple*	\$627	\$659
Family (3)**	\$943	\$991
Family (4)**	\$1153	\$1211

*the Couple Plan is for Parent/Child or Spouse/Partner

** the Family Plan includes family member and children through age 25.

--Please ask us about our fee for additional family members—

COVERAGE

<u>Treatment</u>	<u>Member Savings</u>	
	Cash or check	Credit Card
Diagnostic & Xrays		
Comprehensive Exam (new patient, initial visit)	100%	100%
Periodic Exam (2 per year, comprehensive counts as one)	100%	100%

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<u>Treatment</u>	<u>Member Savings</u>	
	Cash or check	Credit Card
Limited Oral Exam – Emergency (1 per year)	100%	100%
Full Mouth Series Xrays (1 every 3 to 5 years based on need)	100%	100%
Periapical X-Ray- 1 st film	100%	100%
Periapical X-Ray- additional film	100%	100%
Bitewing X-Rays (1 per year)	100%	100%
Preventative		
Child Prophylaxis (2 per year with fluoride)	100%	100%
Adult Prophylaxis/ Perio Maintenance (2 per year with fluoride)	100%	100%
Additional Cleaning/ Perio Maintenance per year	15%	10%
Sealants	15%	10%
All Other Procedures		
Teeth Whitening	50%	45%
Fillings	15%	10%
Crowns and Bridges	15%	10%
Veneers	15%	10%
Night Guards	15%	10%
Periodontics +	15%	10%
Denture and Partials+	15%	10%
Oral Surgery+	15%	10%
Root Canals+	15%	10%
Implant restorations+	15%	10%

+ Excludes referral to out of office specialist as needed

++ Sleep Therapy, TMD Therapy, Dental Products, and Laser Therapy excluded

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This plan is only available at our office. No contracts with other providers or specialist.

This plan is not available to people who already have a dental insurance plan. This is a cash pay only plan.

Care Credit does not qualify.

Patients can disenroll at any time. Any services provided under the agreement will be deducted from the amount Paid and refunded to the patient.

Payment is due on date of service.

Patient

Patient Signature

Date

Additional Family Members:

