

What Makes Fresh Smiles Wellness Plan Special

- No 3rd Party Insurance Group!
- No claim forms!
- No deductibles!
- No annual maximums!
- No preauthorizations!
- No waiting periods to see your dentist!
- No pre-existing limitations!
- No application necessary

Individual Adult Plan

Individual Kid Plan

ONLY
\$120/year*
For ages 21 and up

ONLY
\$60/year*
For ages 20 and younger

* This plan does not automatically renew. You will be asked to renew on your first visit AFTER your fiscal year has ended.

Sample Savings

| Procedures | Usual Fees | You Pay | You Save |
|-------------------------|------------|------------|----------|
| Complete Exam & X-rays | \$274 | \$0 | \$274 |
| ER | \$113 | \$0 | \$113 |
| 4 BWX + 2 PAs | \$116 | \$0 | \$116 |
| Fluoride | \$57 | \$47.75 | \$14.75 |
| Adult Prophyl | \$131 | \$98.25 | \$32.75 |
| Child Prophyl | \$84 | \$63 | \$21 |
| Routine exam | \$75 | \$0 | \$75 |
| Composites | | | |
| 1 Surface | \$230 | \$172.50 | \$57.50 |
| 2 Surfaces | \$265 | \$198.75 | \$66.25 |
| 3 Surfaces | \$293 | \$219.75 | \$73.25 |
| 4+ Surfaces | \$352 | \$264 | \$88 |
| Root Canals | | | |
| Anterior | \$750 | \$562.50 | \$187.50 |
| Bicuspid | \$940 | \$705 | \$235 |
| Molar | \$1,250 | \$937.50 | \$312.50 |
| Crown | \$1,250 | \$937.50 | \$312.50 |
| Night Guard | \$525 | \$393.75 | \$131.25 |
| Full Denture (per arch) | \$1,350 | \$1,012.50 | \$337.50 |
| Implant* | \$2,427 | \$1,820.25 | \$606.75 |
| Extraction | \$293 | \$219.75 | \$73.25 |
| Complicated Extraction | \$454 | \$340.50 | \$113.50 |

* does not include abutment and crown

freshSmiles
wellness plan

Fresh Smiles Wellness Plan Agreement

I, _____, do hereby accept the following terms and conditions for the Fresh Smiles Wellness Plan.

1. Payment of **\$120 / \$60 (Please circle)** per year is the charge for this plan and must be paid in full prior to any discounted rates.
2. My payment date is my renewal date if I wish to continue yearly on this plan. This plan does not automatically renew. You will be asked to renew on your first visit AFTER your fiscal year has ended.
3. This is not an insurance plan and I am responsible for all services performed.
4. Payment is due at the time of service.
5. If I am unable to pay in full, then I will be charged regular office fees and Finance Charges of 1%, determined monthly, on my entire balance until paid.
6. I will be given estimates prior to any procedures.
7. Additional costs may occur during treatments and I will be informed of these when they occur.
8. This plan is offered only through Fresh Smiles Family Dentistry and cannot be combined with any other offers.
9. The plan is individual use only and is not transferrable to any other parties.

Patient Signature and Date

Office Representative Signature and Date

Tear here.



Membership Advantages



Free Emergency Exams



Free X-Rays



Free Check up Exams



No Participation Requirements

Plan Exclusions and Limitations

Demonstration of non-compliance with recommended course of treatment

Services which in the opinion of the attending dentist are neither necessary nor recommended for patient's dental health

Loss or theft of dentures or bridgework

Services which cannot be performed because of general health, physical or psychological limitation of patients

Services performed by a non-participating provider are not covered

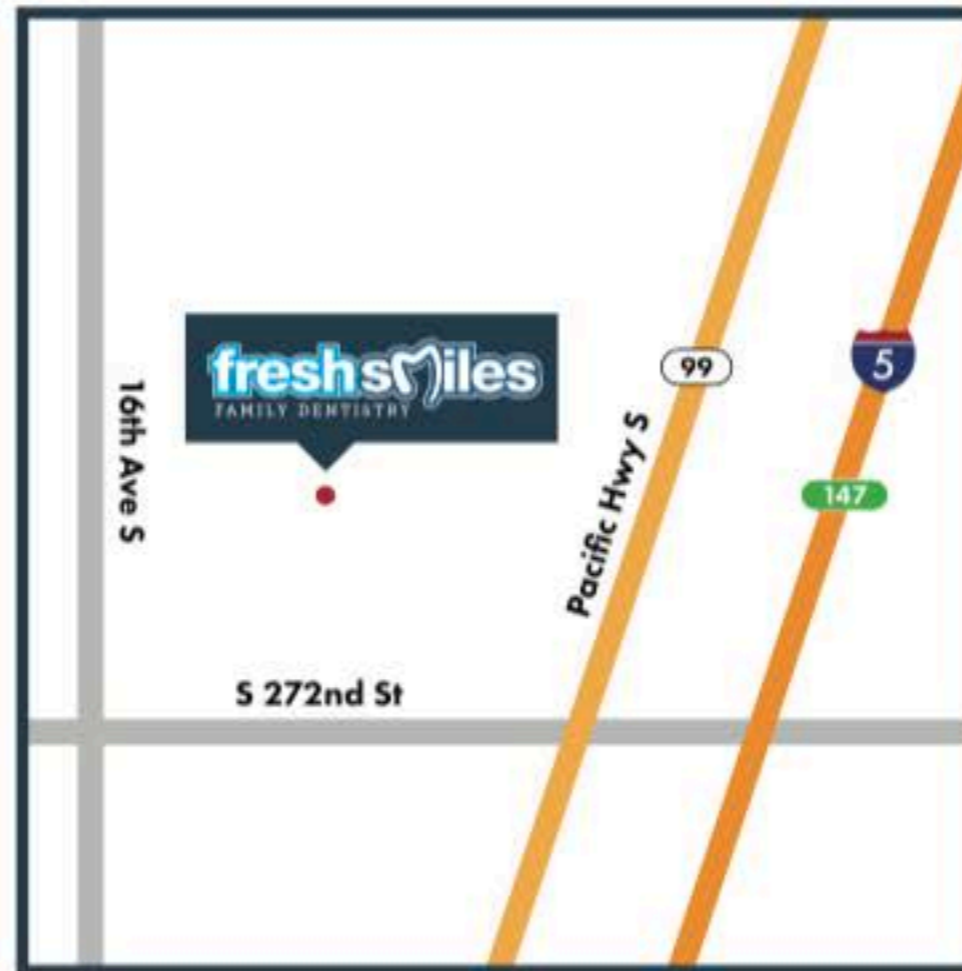
Not to be combined with any other dental coverage

Services that are not performed in our facility

Plan cannot be combined with any other dental discount or coverage

Must be paid at the time of service

Contact us today!



Dr. Tracy Do, D.D.S.

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Se Habla Español

Fresh Smiles Hours

Monday - Friday: 8am - 5pm

Saturday: Opens Once a Month



Save
more than
you expect.

Always.

Introducing Fresh Smiles Wellness Plan.
Now you can save up to 25% on
any dental procedures.

freshSmiles
wellness plan

Tear here.

