

## 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**  
**\$160/year\***  
For ages 21 and up

**ONLY**  
**\$80/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 Prophy	\$131	\$98.25	\$32.75
Child Prophy	\$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 ~~\$160~~ / ~~\$80~~ (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

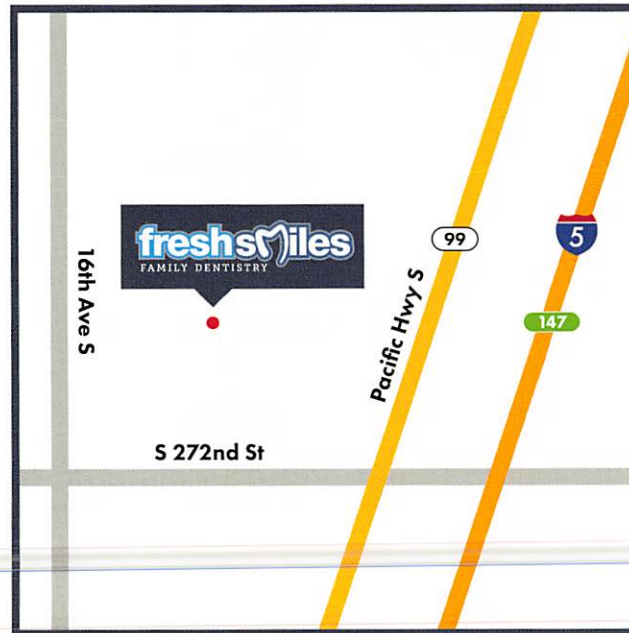


Free Check up Exams



No Participation Requirements

Contact us today!



## 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

**Dr. Tracy Do, D.D.S.**

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Des Moines, WA 98198

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Email: [DesMoines@FreshSmilesDental.com](mailto:DesMoines@FreshSmilesDental.com)

**Se Habla Español**

**Fresh Smiles Hours**

Monday - Friday: 8am - 5pm

Saturday: Opens Once a Month

27041 Pacific Hwy S, Des Moines, WA 98198  
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Tear here.



**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