

PREMIER DENTAL CONCEPTS DISCOUNT DENTAL PLAN

(Formerly: "In-House Dental Benefit Plan")

Revised 8/1/2018

Peter Wojtkun, DMD / Premier Dental Concepts continues to offer a discounted dental plan for individuals and their dependent children. It is designed to help our patients without dental insurance reduce the costs of maintaining their oral health. If you do not have dental insurance, for a low annual fee, our plan can provide you with preventive dentistry and significant discounts on restorative services performed in our office as described below:

PREVENTIVE SERVICES: Covered 100% with no out of pocket cost.

- Two routine dental cleanings per year
- Two periodic examinations with oral cancer screenings by the dentist
- Annual digital bite-wing x-rays

RESTORATIVE & COSMETIC SERVICES: Up to 25%* savings off of our office fees on the following services (*25% savings if paid by cash or check, 15% if paid with credit card).

- X-rays
- Crowns and Veneers
- Dentures (full and/or partial)
- Teeth extractions
- Root Canals
- White fillings
- Sealants
- Night guards & athletic sport mouth guards.

IMPLANT PROSTHETICS, BRIDGES and INVISALIGN BRACES: Up to 10%* Savings (Discount level is case dependent, and may be 10% if payment is by cash or check, and 5% if payment is by credit card).

COST OF PARTICIPATION: Payment in full is required on the enrollment date, and on the subsequent anniversary of enrollment month.

- \$315 per individual per enrollment year
- \$210 per dependent child (under 18) per enrollment year

PRE-REQUISITES AND CONDITIONS

New Patients:

- New patients to our practice enrolling in the Plan are required to have an initial comprehensive examination with oral cancer screening performed by one of our dentists.
- Adult patients (over 18) must have a recent full series of dental x-rays (FMX) on file. This series may be sent to us from a previous office. It must be no more than 3 years old, be of diagnostic quality by our dentists, and be sent to us in email format.
- The cost of the comprehensive exam and FMX (if taken here) are NOT included in the enrollment fee, and so we apply the following discounts:

The value of a periodic exam, (\$53 and included in the enrollment fee), will be applied to the initial exam fee of \$89. This results in an additional cost of \$36 for this one-time exam.

If a new FMX is indicated, the value of the annual bitewing x-rays, (\$79 and included in the enrollment fee), will be applied to the full series fee (\$147). This results in an additional cost of \$68 for these x-rays.

All Enrollees:

- Services rendered and covered by the Plan must be paid in full at the time of service to be eligible for the discount. NO DISCOUNT APPLIES if NOT paid in full at time of service.
- The discount level is determined by the patient's choice of payment method.
- **Care Credit** financing is not a payment option.
- Treatment of any diagnosed needs not completed within 90 days forfeits any discount.
- Scheduled appointments require a minimum 48-hour cancellation notice.
- If a hygiene appointment is failed, one of the free cleanings and exams is forfeited.
- Discounts on covered services are subject to change without notice.
- The annual re-enrollment fee is billed to the patient on the anniversary month it expires. It must be paid in full before any discounted services contained within the benefit package are covered.

PLAN EXCLUSIONS:

- No discount on completed treatment or treatment in progress.
- No discount **on KoR Whitening or PerioProtect** treatments or products.
- No discounts on services performed by specialists to whom we refer when indicated.
- Patients covered by group or individually purchased dental insurance plans are ineligible.
- Discounts offered by this plan cannot be combined with other practice promotions.
- Plan benefits cannot be carrier over to subsequent years.
- Services included in the annual fee can only be used in the plan year in effect.

DISCLAIMER

Peter Wojtkun, DMD / Premier Dental Concepts shall be the sole party to determine participation eligibility, discounts, and eligible services rendered and covered under this Plan. The annual participation fee and discount percentages may change at our sole discretion.

In the event of any dispute with respect to this Plan, a refund of the annual fee may be reimbursed to the member minus the value of services performed to date and shall be the sole and final remedy at the option of Peter Wojtkun, DMD / Premier Dental Concepts.

I have read the Membership requirements and understand the conditions and exclusions.

Member(s) name (s)

Enrollee signature_____

Amount paid \$_____

Date_____

Staff Witness_____

