





FAMILY & COSMETIC DENTISTRY

# In-Office Discount **Dental Plan**



# Coverage Includes:

### Examination:

New Patient Comprehensive Exam	100%
Periodic Oral Exam – Two per year	100%
Limited/Emergency Exam –One per Year	100%

# Radiographs:

Full Month Xrays – One per Three years	100%
Bitewings – One per Year	100%
Periapical Xrays – Three per Year	100%
Panoramic Xray – One per Three years	100%

# Preventative:

0%
0%
0%
0%

20% OFF OF ALL TREATMENT FEES Periodontal Deep Cleaning **Fillings** Crowns/Bridges/Dentures/Partials

**Root Canals/Extractions** 

**Yearly Membership Fee:** 

**Adult \$340** 

Spouse/Partner: \$280

Child: \$180 each

NO ANNUAL MAXIMUM

**NO DEDUCTIBLES** 

NO WAITING PERIODS

NO MISSING TOOTH CLAUSE

NO CLAIMS TO SUBMIT

NO WAITING FOR PREDETERMINATIONS

TWO CLEANINGS/EXAMS PER YEAR

**DISCOUNTED TREATMENT FEES** 

Sample Fee Savings:	Cash Patient	Discount Plan
Adults Cleaning	\$116	FREE
Bitewing Xrays	\$78	FREE
Filling- 2 surface	\$274	\$219.20
Crown/Build Up	\$1744	\$1395.20



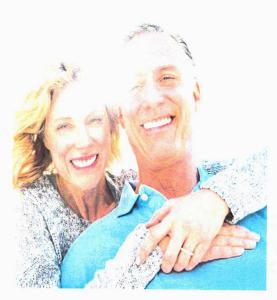
Individual Care for

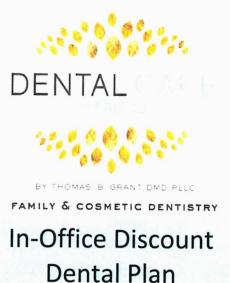


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### Terms and Limitations

This is a dental discount plan and is NOT dental insurance. It cannot be combined with any other dental insurance.

It is only good for Dental Care of Frisco. Therefore, if you are referred to a specialist, they will NOT offer this discount.

Should there be dental treatment needed following any type of injury where a lawsuit and therefore outside medical care, disability, or workman's comp type insurances are involved, this discount plan cannot be used

This plan is NOT transferable. Family members cannot be substituted in for another family member.

All membership fees are non-refundable.

Service fees are subject to change annually.

Payments for services are due at the time of service. You can choose to extend your payments by using CareCredit. If you choose to extend your payments with CareCredit the treatment discount with be reduced to 15%.

Membership is for a 12 month term, effective from sign-up date to renewal date.

To be an independent member, you must be 18 years or older and a resident of the state of Texas. Your eligible dependents include your spouse or domestic partner and your children through the age of 25.

Enrollment fees must be paid in full to receive discounts.

No refunds will be given if a member and/or spouse or children do not use the plan, relocate, or obtain dental insurance.

Treatment initiated prior to enrollment is not eligible for discount.

Treatment fees are guaranteed for 6 months from date quoted by Dental Care of Frisco.

Dental Care of Frisco reserves the right to discontinue this plan for any member at any time.

Two no-shows or cancellations without 48 hours' notice can lead to you being dropped from this plan without refund.

Membership is on an auto-renewal basis. There must be a credit card left on file to be automatically ran at member's renewal date.

To cancel membership you must notify Dental Care of Frisco within 30 days of renewal date.







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Bitewings – One per Year	100%
Periapical Xrays – Three per Year	100%
Panoramic Xray – One per Three years	100%

# Periodontal:

Perio Maintenance – Four per Year	100%
Adult– Two per Year	100%
Conlants	50%

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