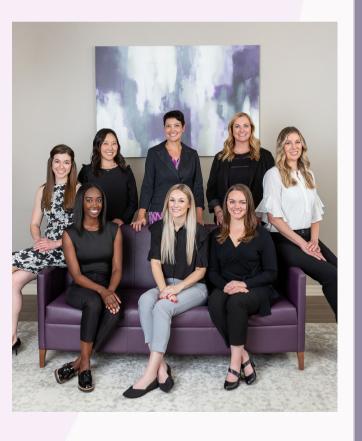
## WHEN YOU ARE HERE, YOU ARE FAMILY.

Our team takes time to get to know you and looks forward to building a lifelong relationship.



# DENTAL SAVINGS PLAN



Membership fees must be paid in full prior to receiving benefits. All co-payments must be paid at the time of service or the usual fees will apply.

\* May not be used in conjunction with Care Credit or Lending Club third-party financing or special offers. | May not be used in conjunction with dental insurance plans. The plan is intended for those who do not have dental insurance. No refunds will be granted after the annual fee has been paid. | Offer is for one year of service from the date of membership payment. Renewal rates may be subject to change. | This plan is only honored at Northstar Family Dental.



**Westerville**: 538 Polaris Pkwy. Westerville, OH 43082

Lewis Center: 7740 Graphics Way Lewis Center, OH 43035 740-994-4650

Follow us on social media:

@northstarfamilydental

## **Benefit Premiums**

• Adult 18+ \$399

• Child <18 \$299

Periodontal Program \$200

## What to expect with your Dental Savings Plan

- No yearly maximums
- No deductibles
- · No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility (no waiting periods)

### **Auto-Renewal**

Sign up for auto-renewal of your discount plan and receive 5% off next year's premium!

#### PREVENTATIVE SERVICES

Healthy Mouth Preventative Care Visit

Comprehensive Evaluation

Doctor Prescribed Radiographs

Sealants

(permanent teeth only, no age limit)

Fluoride

(two per year, no age limit)

#### PERIODONTAL SERVICES

Periodontal Gum Evaluation	100%
(one per year)	
Periodontal Management	100%
(D4910) 3-4 per year	
Active Gum Therapy	
(per Quadrant D4341)	\$200
(1-3 Teeth/Quadrant D4342)	\$125

#### 15% OFF ADDITIONAL SERVICES

Excluding sedation





Dental Savings Plan Auto-Renewal Enrollment Form

PLAN PARTICIPANT:
First and Last Name:
PLAN PREMIUMS:
Please, X, all that apply:
ADULT
CHILD
PERIODONTAL PROGRAM
CREDIT CARD AUTHORIZATION
Please complete all fields.
Card type:
VISA MASTERCARD DISCOVER AMEX
Cardholder's Name (as appears on card):
Card number:
Expirations Date: CVV Code:
Automatic Renewal (Save 5%) YES NO
Authorized Signature:

**Renewal Date:** 

Plan Start Date: