

WHEN YOU ARE HERE,
YOU ARE FAMILY.

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



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.

DENTAL SAVINGS PLAN

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	100%
Comprehensive Evaluation	100%
Doctor Prescribed Radiographs	100%
Sealants	\$50
(permanent teeth only, no age limit)	
Fluoride	\$30
(two per year, no age limit)	

PERIODONTAL SERVICES

Periodontal Gum Evaluation (one per year)	100%
Periodontal Management (D4910) 3-4 per year	100%
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:

Plan Start Date:

Renewal Date:
