Fishers Dental Care Dentistry Benefits 20% off services

Diagnostic Oral Exams, Periodontal Evaluation, Oral cancer screening, x-rays.

Preventative Routine cleanings (two per year with healthy gums)

Cosmetic & Elective Dentistry
Fillings, Inlays, Onlays, Single crowns, Crown buildups, and Porcelain veneers (placed for elective reasons) Take home whitening, In office whitening.

Restorative
Fillings, Inlays, Onlays, Single crowns, Crown buildups, and Porcelain veneers

Endodontic
Pulpotomies, Pulpectomies, Removal of nerve, Root canal therapy

Periodontics
Periodontal "deep" cleanings (unhealthy gums) and minor periodontal procedures

Prosthodontics (removable)
Partial dentures, complete dentures, Denture repairs and adjustments

Prosthodontics (fixed/non-removable)
Permanent bridges

Implant Supported Prosthodontics
Crown, Permanent bridges, Removable bridges (supported or retained by implants)

Oral Surgery Tooth removal and other related procedures

Miscellaneous: NTI devices, Occlusal guard, TMJ Splints, Snore and Sleep Apnea Appliances, FL Rinse, FL Paste and PerioGard etc.

Fishers Dental Care

11959 Lakeside Drive
Fishers, IN 46038

317/577-1911 Office
317/576-8070 Fax

www.fishersdentalcare.com
info@fishersdentalcare.com

Fishers Dental Care Personal Plan

Oral Health Savings Plan

Fishers Dental Care

This is a solution for individuals and families that make Quality, Personalized Care with a Gentle Touch affordable dental care for all.

We've Got You Covered.

At Fishers Dental Care, we understand the need for affordable dental solutions.
Our Fishers Dental Care Plan is a reduced fee dental plan that allows individuals or families to receive the quality dental care they need for a lifetime of optimal oral health.

We offer an exclusive plan, with benefits beginning immediately upon enrollment. Our plan never has a deductible, claims, or benefit maximum. With the convenience of a great dental plan and our flexible hours, the savings really do add up.

Please call or stop in our office and make that appointment to experience professional care with a gentle touch.

Comprehensive Dental Plan

- No Deductible
- No Claim Forms
- No Waiting Periods
- No Yearly maximum
- No Pre-Authorization
- No Pre-Existing Condition Limitations

Annual membership fee $149.99 Per Person.

Eligibility:

- To be eligible for coverage, participants must be enrolled in the program and either be a family member and/or living in the household.
- Participants are eligible upon payment of membership fee for the period noted at time of enrollment.
- Eligibility ends when membership period ends. Non-Refundable if patients decide not to use dental plan.
- This is a Non- Transferrable - family members cannot be substituted in for another family member.
- The one-year membership must be paid in full at the time of enrollment.
- All treatment fees are due and payable at the time service is rendered. If you choose to extend your payments for treatment by paying through CARECREDIT, the discount is reduced by 10% due to merchant fee.
- Enrolling in our Fishers Dental Care Plan gives you the opportunity to obtain dental treatment at reduced prices.
- This is not dental insurance.
- This plan cannot be used with any other insurance or discounts.
- Dental services not provided by Fishers Dental Care are not covered by this plan, even if they are recommended and/or referred by our office.
- 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 discounted plan cannot be used.
- Rates are subject to change annually.

Name: _____

DOB: _____ Date: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____

SS: _____

Email: _____

Annual Membership Fee: $149.99 Per Person

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Amount of Payment: $_____

Card Type: MC _____ Visa _____ Amex _____ Discover _____

Payment Options: Check _____ Bill my Credit Card _____

Card

Number: _____

Exp. Date: _____ Security Code: _____

I understand and accept all terms and conditions of the Fishers Dental Care Plan as summarized in this brochure and hereby authorize the Fishers Dental Care Dentist to charge by Credit Card (if applicable)as indicated above, for the payment of my membership.

Signature:

_____