



Has the Solution if you have **NO DENTAL INSURANCE.**

Everyone wants to be as healthy as possible! Maintaining healthy teeth and gums is vital to your dental health and well-being, yet many people forgo the dental care they need due to the perceived costs involved. At **Plainfield Dental**, we are providing a solution to everyone that doesn't have access to dental health insurance.

Plainfield Dental Membership Plan is not dental insurance. It's a membership plan that provides reduction of fees on **ALL** dental procedures. We are offering this plan to promote your dental health! Included with your annual fee is a courtesy on services, all emergency exams are complimentary, all emergency x-rays are at no charge. You are entitled to one complimentary (prophylaxis) cleaning, exam and diagnostic x-rays.

Membership Plan

For patients without insurance
Membership covers 12 consecutive months
No Maximum Allowable
Not to be used with any other discount
No Pre-Existing Conditions
Procedures Are Covered at a 20% reduction of Usual and Customary fees

Open Enrollment
No Deductible
Elective Procedures Covered
No Missing Tooth Clause

Procedure	UCR	Savings	Final Cost
Adult Cleaning	\$102.00	\$20.00	\$82.00
4 Bitewing X-rays	\$74.00	\$14.00	\$60.00
Single Filling	\$188.00	\$38.00	\$150.00
Denture	\$1866.00	\$373.00	\$1493.00
Porcelain Crown	\$1385.00	\$277.00	\$1108.00

Membership fees are due at your initial visit. Payment is due at the time services are rendered

Name: _____

Address: _____

Birthdate: _____

E-mail: _____

Annual Membership:

Enrollment Month: ____ Year: ____

Single member \$149

Couple membership \$265

Family membership \$350

Individual Benefits Include: 20% courtesy on ALL services rendered. Emergency exams and emergency x-rays are complimentary. You will receive one complimentary (prophylaxis) cleaning, exam and x-rays each year.

By signing below, I understand and agree to the terms of this plan and acknowledge that this Dental Membership Plan is not insurance and cannot be used in any other dental office.

Signature: _____ Date: _____

Plainfield Dental reserves the right to terminate this plan, in good faith, before the expiration of this agreement.

Call Today **815.436.3399**
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www.plainfielddental.com