

Are you Living Without Dental Insurance?

The **Oak Creek Dental Care** Hygiene Membership is an affordable program for those living without dental insurance but understand the importance of dental care. With our membership, you no longer have to worry about not having insurance to maintain routine dental visits.



OAK CREEK DENTAL CARE

With your Comprehensive Dental Plan there are:

- No Claim forms
- No Pre-authorization Requirements
- No Pre-existing Conditions
- Free Consultations

BENEFIT PREMIUMS

Adult	\$199
Child	\$149

* Adult memberships, age 14 and older.

MEMBERSHIP COVERAGE

Plan Includes

Comprehensive Exam
(New Patient, Initial Visit)

Periodic Exam
(2 per year)

Complete series or Panorex
(1 every 3 years)

Bite-wing X-rays
(1 per year)

Healthy Cleaning
(2 per year)

Fluoride
(2 per year)

Sealants
(Reduced 50%)

Emergency Exam & X-ray
(Reduced 20%)

Periodontal Therapy
(Reduced 20%)

Periodontal Maintenance
(Reduced 20%)

MEMBERSHIP LIMITATIONS AND EXCLUSIONS

Membership cannot be used with any other insurance plan.

This plan is only honored at Oak Creek Dental Care.

Membership cannot be purchased through third party financing. Third party financing may be utilized for dental treatment.

MEMBERSHIP GUIDELINES

Non refundable, Non transferrable.

Discounts are not eligible toward the purchase of a membership (ie: senior discounts or pre-pay discounts). Discounts may be utilized for restorative treatment.

No refunds or premium will be issued at any time if participant decides not to utilize the membership plan.

Your plan is effective for 12 months and will expire 1 year from date of purchase.

Membership Coverage is subject to revision annually.

Patient portion is due at time of service. A deposit of 20% or \$50 (whichever is greater) is required for scheduling appointments outside of routine dental care.

THIS MEMBERSHIP HAS BEEN PREPARED FOR

Name: _____

Address: _____

City State Zip: _____

Phone: _____

Date of Birth: _____

SS#: _____

Email: _____

Signature: _____

Date: _____

Enrollment Period: _____

Cash ___ Check ___ Credit Card (type) ___

Staff Initials: _____