

Notice & offer to all patients in our office

Daschbach, Groncki & WHITE

Introducing The D.G.W. Dental Group plan



“Your smile is our reward”

The DGW Dental group benefit plan

Dental coverage for as little as **\$30** a month for **12 months**

Or for as little as \$1.00/day per person!



Dental Benefit Plan

This plan is our way of personalizing and increasing affordability and access to quality dental care in our office

This plan is ideal for:

- Anyone without dental coverage
- Individuals and Families
- Small Business
- Self-Employed
- Retirees

Advantages to choosing this plan:

- No yearly maximum
- No deductible
- No claim forms
- No pre-authorizations
- No waiting period

The plan includes

- 2 Cleanings per plan year
- 2 Periodic exams per plan year
- 4 Bitewing x-rays per plan year
- 1 Full mouth x-ray (usually taken every 3-5 years)
- 2 Fluoride treatments per plan year for children up to age 15
 - Oral cancer screening

Members of the plan will also receive a courtesy fee reduction on services as described below.

With this plan comes the following:

Courtesy fee Reduction

<input type="checkbox"/> Sealants	20%
<input type="checkbox"/> Fillings (silver filling and white filling)	20%
<input type="checkbox"/> Crowns (cast noble metal, porc. & noble metal)	20%
<input type="checkbox"/> Crowns/other (Re-cement of PVC, Prefab P&C)	20%
<input type="checkbox"/> Veneers	20%
<input type="checkbox"/> Crowns-Misc. (Crown repair, veneer repair, coping)	20%
<input type="checkbox"/> Perio Non-Surgical (scaling, Full mouth Debridement)	20%
<input type="checkbox"/> Denture (Complete upper & lower)	20%
<input type="checkbox"/> Dentures-partial (upper & lower)	20%
<input type="checkbox"/> Denture Adjustments	20%
<input type="checkbox"/> Denture Repairs	20%
<input type="checkbox"/> Partial Repairs	20%
<input type="checkbox"/> Denture Reline	20%
<input type="checkbox"/> Prosthetic appliances (Surgical stent, Night guard, surgical impl. Stent)	20%
<input type="checkbox"/> Extractions/primary and permanent	20%
<input type="checkbox"/> Adjunctive Services (E-pall, Consultation)	20%
<input type="checkbox"/> Diagnostic (additional exams, screenings, assessments)	20%
<input type="checkbox"/> Radiographs (panoramic, Periapical)	20%
<input type="checkbox"/> Tests & Diagnostics (Diagnostic Models)	20%
<input type="checkbox"/> Preventative (additional cleanings)	20%
<input type="checkbox"/> Fluoride	20%
<input type="checkbox"/> Emergency palliative	20%
<input type="checkbox"/> Periodontal cleanings	20%
<input type="checkbox"/> Periodontal scaling	20%

This plan does NOT include any of the following:

- Fee reduction does not apply to procedures provided by Dr. Scott Gradwell or Dr. Paul Adams
- Fee reduction does not apply to Root Canals by Dr. Glen Schreiber
- Fee reduction does not apply to any Implant parts or procedures completed by any Doctor
- Fee reduction applies only to work done by Dr. Robert Daschbach, Dr. Marie Groncki, & Dr. Sarah White as listed in the plan, excluding implant parts & procedures

Plan costs per year:

One Person	\$360/year	OR	\$30/month
Family of 2	\$720/year	OR	\$60/month
Family of 3	\$1,080/year	OR	\$90/month
Family of 4	\$1,440/year	OR	\$120/month
Family of 5	\$1,800/year	OR	\$150/month
Each additional member	\$360 addt./year	OR	\$30 addt./month

I, _____ authorize R.L Daschbach and Associates to charge my credit card \$ _____ on the first _____ or fifteenth _____ of every month.

Name on the Credit Card: _____

Credit Card Number: _____

EXP: ____/____

Security Code: _____

Type of Credit Card: VISA MASTERCARD DISCOVER

The card holder is responsible to notify our office of any changes with Credit Card information.

Signature: _____ Date: _____ Zip Code _____

By signing this form I acknowledge that I am at least 18 years or older, or have permission from a parent/ guardian to apply for this program.

By submitting this application, I acknowledge that I have read over the fees and payment requirements. I know and understand If I should enroll with DGW dental benefit plan, I will be responsible for paying my fees in full upon agreed payment method

- Cannot be used for purchase of dental retail products
- Total payment amount is due at the time of service, if full payment is not received at the time of service, fee reduction will be void.
- Cannot be combined with any dental insurance or discount
- Payment is due at the start of each membership year
- Courtesy fee reduction or included dental services are non- transferable
- Benefits cannot be carried over to another year
- **Fee reduction does not apply to procedures provided by Dr. Scott Gradwell or Dr. Paul Adams**
- **Fee Reduction does not apply to Root Canals by Dr. Glen Schreiber**
- **Fee Reduction applies only to work done by Dr. Robert Daschbach, Dr. Marie Groncki & Dr. Sarah Woolcock as listed in the plan, excluding implant parts and procedures.**

Total payment due at the start of each membership year or month
Each membership year is a promotional of DGW