

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 **\$35** a month for **12 months**

Or under \$2/day per person!



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**

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

### **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; is all of and is exclusive of all Implant and all of their parts.

## Plan costs per year:

One Person	\$420/year	OR	\$35/month
Family of 2	\$840/year	OR	\$70/month
Family of 3	\$1,260/year	OR	\$105/month
Family of 4	\$1,680/year	OR	\$140/month
Family of 5	\$2,100/year	OR	\$175/month
Each additional member	\$420 addl. /year	OR	\$35 addl. /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

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.
- Cannot be combined with any dental discount or Doctor courtesy.
- 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.

**\*Total payment due at the start of each membership year or month\***

**\*Each membership year is a promotional of DGW\***