

**MARK J. GLECKNER, DMD
IN-HOUSE DENTAL PLAN**

Name: _____

Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Adult Subscriptions: # (_____) @ \$297.00 each \$ _____

Names of Adults:

Child Subscriptions (under 13): # (_____) @ \$199.00 each \$ _____

Names of Children:

Total: \$ _____

DENTAL SAVINGS PLAN

Adult: \$297.00 per year

Children (13 and under): \$199.00

Our Dental Savings Plan is designed to provide greater access to quality dental care at an affordable price. This is a discounted fee schedule for dental services only good at the office of Mark J. Gleckner, DMD.

- NO yearly maximums
- NO deductibles
- NO claim forms
- NO pre-authorization requirements
- NO pre-existing condition limits
- NO waiting periods

PROGRAM GUIDELINES

- Patient portion of bill is due on the day of service
- Cannot be used in conjunction with dental insurance or other dental plan
- No refunds or premiums will be issued at any time if participant decides not to utilize dental plan
- NON REFUNDABLE

PROGRAM EXCLUSIONS & LIMITATIONS

This program is a discount plan, not a dental insurance product. It cannot be used:

- In conjunction with another dental plan or dental insurance.
- For treatment which, in the sole opinion of the doctor, lies outside the realm of his capacity.
- For hospitalization or hospital charges of any kind.
- For costs of dental care which are covered under automobile or medical insurance.

BASIC PLAN HIGHLIGHTS

2 Exams per year

2 Cleanings per year

4 Bitewing x-rays per year

2 Fluoride treatments per year

1 Emergency exam per year including necessary diagnosis x-rays

1 Oral cancer screening per year

25% off Panorex or Full mouth series of x-rays

15% off additional cleanings, dental sealants, fillings, core buildups, root canals and crowns

10% off veneers, periodontal scaling and root planning, dentures and partial dentures

\$500.00 off Invisalign®

\$325 In-office teeth whitening

COVERAGE

TREATMENT

MEMBER DISCOUNT

Diagnostic and X-rays

Comprehensive exam (new patient/initial visit)	100%
2 annual exams	100%
1 Emergency visit with diagnosing x-rays (problem focused- 1/year)	100%
4 Bitewing x-rays (2BW x-rays under 13)	100%
Full Mouth Series x-rays or Panorex (1x/ 5 years)	25%

Preventative

Child Prophylaxis (2 cleanings per year)	100%
Adult Prophylaxis (2 cleanings per year)	100%
Fluoride (2 per year to age 18)	100%
Oral Cancer screenings (1 per year)	100%
Additional cleanings per year	15%
Dental Sealants	15%

All Other Procedures Covered

Composite Fillings and Core Build-ups	15%
Root Canals	15%
Crowns	15%
Veneers	10%
Periodontics	10%
Dentures and Partials	10%
In-Office Bleaching	\$325.00
Invisalign®	\$500.00 off

This office reserves the right to refer out any treatment which, in the sole opinion of the doctor, is better performed by a dental specialist.

I have read, understand and agree to all of the above information, benefits and limitations pertaining to the Dental Savings Plan provided by Mark J. Gleckner, DMD.

Signature of patient, parent or guardian:

Date: _____

(Relationship to Patient)