

PATIENT, SERVICE AND LIMITATIONS	PATIENT SAVINGS PLAN MEMBERSHIP	OUR NORMAL FEE	AVERAGE DENTAL INSURANCE COSTS
Adult	\$399	\$650	\$530
Child	\$349	\$560	\$320
Deductible	\$0	\$0	\$50
Cleaning & Exam (TWICE PER YEAR)	\$0	\$300	\$0
Porcelain Veneers	\$999 15% OFF	\$1195	\$1195 NOT COVERED
Dental Implant	\$1755 15% OFF	\$2065	\$2065 NOT COVERED BY MOST PLANS
Preauthorization Required	no	no	maybe
Waiting Period Required	no	no	yes
Yearly Maximum Limitation	no	no	yes
Pre-existing Condition Limitation	no	no	yes



RON BANIK, DMD, PC

843.553.0911

8720 North Park Blvd, Suite B
North Charleston, SC 29406

CAROLINASMILING.COM

NO INSURANCE? NO PROBLEM!

We offer an **In-House Patient Savings Plan** designed specifically for patients with NO dental insurance, providing better access to quality care at an affordable price.

IMMEDIATE SAVINGS ON EVERYTHING FROM CLEANINGS AND FILLINGS TO WHITENING AND CROWNS, ONLY AT CAROLINA FAMILY DENTISTRY

- NO deductibles
- NO yearly maximum
- NO claims forms
- NO pre-existing conditions limits
- NO pre-authorization requirements
- NO waiting periods

In-House Patient Savings Plan

DESIGNED FOR PATIENTS WITH NO DENTAL INSURANCE

\$399* Adult Plan Membership includes

2 REGULAR DENTAL CLEANINGS, (DEEP CLEANINGS/GUM THERAPY NOT INCLUDED)

1 INITIAL COMPREHENSIVE EXAM (INCLUDES CHECKING FOR TOOTH DECAY, GUM DISEASE, COSMETIC PROBLEMS, BITE AND JAW PROBLEMS, ORAL CANCER)

1 ANNUAL EXAM

ASSOCIATED X-RAYS, BITEWINGS, AND PANORAMIC OR FULL MOUTH SET, AND INDIVIDUAL X-RAYS AS NEEDED

1 EMERGENCY EXAM DURING THE ONE-YEAR PERIOD (TREATMENT NOT INCLUDED)

15% OFF ANY OTHER TREATMENT

**Regular cost for above services: \$600-\$650*

\$349* Child Plan Membership (13 and under) includes:

REGULAR DENTAL CLEANINGS, (DEEP CLEANINGS/GUM THERAPY NOT INCLUDED)

2 ANNUAL EXAMS

ASSOCIATED X-RAYS, BITEWINGS, AND PANORAMIC OR FULL MOUTH SET, AND INDIVIDUAL X-RAYS AS NEEDED

1 EMERGENCY EXAM DURING THE ONE-YEAR PERIOD (TREATMENT NOT INCLUDED)

2 FLUORIDE TREATMENTS

15% OFF ANY OTHER TREATMENT

**Regular cost for above services: \$550-\$600*

Questions? Ask us!

We look forward to seeing you soon and to being your 1st choice for quality dental care in Charleston.

843.553.0911

PLAN TERMS

- PREMIUM IS YEARLY: MEMBERSHIP EXPIRES 1 YEAR FROM THE DATE OF ENROLLMENT.
- MUST BE PAID IN FULL ON DATE OF ENROLLMENT
- ALL PROCEDURES INCLUDED IN THE PLAN MUST BE USED WITHIN THE PREMIUM YEAR.
- UNUSED PORTIONS CANNOT BE CARRIED OVER TO THE NEXT YEAR
- MEMBERSHIP FEE IS NON-REFUNDABLE
- FOR ADDITIONAL SERVICES, PAYMENT IS DUE IN FULL AT TIME OF SERVICE UNLESS OTHER FINANCIAL ARRANGEMENTS ARE MADE IN ADVANCE
- PATIENT/RESPONSIBLE PARTY MUST KEEP TRACK OF PLAN EXPIRATION DATE AND SCHEDULED APPOINTMENTS
- \$50 FEE FOR ALL BROKEN APPOINTMENTS WITHOUT 48 HOURS NOTICE
- PATIENT WILL NOT BE ABLE TO REAPPOINT UNTIL BROKEN APPOINTMENT FEE IS PAID
- PLAN IS NON-TRANSFERRABLE TO ANOTHER PERSON
- MEMBERSHIP IS VALID ONLY AT CAROLINA FAMILY DENTISTRY
- CANNOT BE USED WITH ANY OTHER OFFERS/DISCOUNTS OR FOR PRODUCTS

The In-House Patient Savings Plan gives you the opportunity to obtain your dental care at reduced prices.

The plan is NOT dental insurance. It cannot be used with any form of insurance, workers' compensation claims, coverage under automobile medical, any patient financing (CareCredit), or any other insurance claims associated with our office.

Each participant in the **In-House Patient Savings Plan** can save approximately \$250 or more off regular fees.

SEE COST COMPARISON ON NEXT PAGE

