



ORAL HEALTH SAVINGS PLAN

For Individuals, Families & Small Businesses

Our solution for making quality dental care affordable and accessible for your entire family.

Justin C. Flood, DMD

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Skippack, PA 19474
610-584-6700

A DENTAL PLAN TO SMILE ABOUT

We recognize that quality dental care is presently beyond the reach of millions of Americans. To offset the spiraling costs of care, we have developed the Oral Heal Savings Plan, and Dr. Flood has enlisted some of the area's finest specialists to participate. Now, with the convenience of controlled costs and flexible hours, world-class dental care is even more affordable and assessable than ever.

THE PLAN AT A GLANCE

Adult One-Year Membership	\$295
Additional Family Member (Sponsor and/or dependent)	\$150

Annual Membership includes:

- **Two regular check-ups per year**
\$130 value D0150/D0120
- **Two regular cleanings per year**
\$188 value D01110
- **All necessary x-rays, including:**
 - **Full-mouth series (once per 3 years)**
\$114 value D0210
 - **Bite wings (once per year)**
\$85 value D0277
- **10% to 20% savings on all restorative, cosmetic, endodontic, prosthodontic, orthodontic and surgical services.**

Value Comparison Applicable Services

Our Plan

Traditional
Insurance*

Maximum Benefit	none	\$1000- \$2000
No-Charge Preventive Care	✓	✓
Regular Cleanings (for healthy teeth and gums)	✓	✓
Necessary X-rays	✓	✓
Orthodontics	✓	✓
Cosmetic Services	✓	⊗
Specialist Services	all	some
Unrestricted Choice of Dentist	✓	⊗
Courtesy Adjusted Fees	15-20%	⊗
No Pre-Approval	✓	⊗
No Pre-Existing Condition Exclusions	✓	⊗
No Deductibles	✓	⊗
No Waiting Period	✓	⊗
No Claim Forms	✓	⊗
Continuous Open Enrollment	✓	⊗

* Comparisons to other dental membership plans and traditional insurance plans are hypothetical and are based on typical coverage. They are not intended to be construed as comprehensively representative of all plans or dental policies.

PAYMENT POLICY

In order to offer the substantial procedure fee courtesies available under the terms of this plan, we must adhere to the following payment policies:

- The one-year membership must be paid in full at the time of enrollment.
- The membership will be valid for one year from the date the annual fee is remitted.
- All treatment fees are due and payable at the time service is rendered.
- All fees for treatment requiring multiple visits or lab fees are due upon the first visit.
- Dr. Flood reserves the right to refuse treatment and/or terminate this membership without notice if the member's account becomes delinquent at any time. All other practice terms and conditions of service apply.

EXCLUSIONS

Procedure fee courtesies offered under this plan shall not apply to any treatment already in progress prior to enrollment in the plan and may not be combined with dental insurance benefits, any other discounts, promotions or outside financing plans (Chase Health Advance, CareCredit). This is not a dental insurance plan but a discount plan; benefits are limited to treatment provided by the office of Justin C. Flood, DMD and its affiliates.

Membership Fee Schedule

General Dentistry

Diagnostic D0100-D0999

Two Dental Cleanings (healthy gums), Oral Exam, Periodontal Evaluation, Oral Cancer Screening, Unlimited Digital X-Rays	No charge
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Emergency Exam	\$50
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Preventive D1000-D1999

Routine Adult D1110/Child D1120 Cleanings (twice per year) and All Other Preventive Services (healthy gums)	No charge
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Periodontics D4000-D4999

Periodontal "Deep" Cleanings (unhealthy gums) and Minor Periodontal Procedures	20% off
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Routine Restorative D2000-D2957

White Fillings, Inlays, Onlays, Single Crowns, Crown Build-Ups	20% off
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Cosmetic Restorative D2740, D2783, D2960-D2962

Porcelain Veneers, Crowns (placed over otherwise healthy teeth for elective cosmetic improvement)	15% off
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Endodontics D3000-D3999

Pulpotomies, Pulpectomies, Removal of Nerve, Root Canal Therapy	20% off
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Prosthodontics (Removable) D5000-D5999

Partials, Complete Dentures, Denture Repairs and Adjustments	20% off
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Prosthodontics (Fixed/Non-Removable) D6200-D6999

Permanent Bridges (retained by crowns or inlays/onlays)	20% off
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Membership Fee Schedule (Continued)

Implant Supported Prosthodontics	D6055-D6199
Crown, Permanent Bridges, Removable Bridges (supported or retained by implants)	15% off
Orthodontics	D8000-D8999
Invisalign [®] , Invisalign Teen [®] , Invisalign Express [®] , Orthodontic Retainers, Six Month Smiles	15% off
Miscellaneous	
Deep Bleaching, Zoom Whitening, NTI Devices, Occlusal Guards, etc.	15% off

Treatment By a Specialist

(Performed by or under supervision of a specialist dentist or medical professional)

Diagnostic	D0100-D0999	
X-Rays		15% off
Examinations and Consultations		15% off
Endodontics	D3000-D3999	15% off
Periodontics	D4000-D4999	15% off
Implants	D6000-D6199	0-10% off*
Oral Surgery	D7000-D7999	20% off

*Dependent upon the specialist involved with your individual case.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone: _____ SS#: _____

Email: _____

Plan Option: Adult One-Year Membership (\$295) Family One Adult (\$295) + (\$150 x #____) of Additional Family Members)

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Amount of Payment: \$ _____ Card Type: Visa MasterCard American Express

Payment Option: Check Enclosed Bill my Credit Card Card#: _____ Expiration Date: _____

I understand and accept all terms and conditions of the practice of Justin C. Flood, DMD's Oral Health Savings Plan as summarized in this brochure and hereby authorize the practice to charge my credit card (if applicable) as indicated above, for the payment of my membership:

Member Signature: _____ Date: _____

Mail or bring this completed form to: Justin C. Flood, DMD; 3900 Skippack Pike, Suite C-1, Skippack, PA 19474
phone: 610-584-6700; email: toothfix@outlook.com; website: afloodofsmiles.com