



Sladky Family Membership Program

The Sladky Family Membership Program is an annual dental membership plan assisting patients without traditional dental insurance to receive quality dental care in our office. It is **not** dental insurance.

WHAT ARE THE BENEFITS OF THE MEMBERSHIP PROGRAM?

- No annual maximum
- No deductible
- No waiting period
- No denials

WHO IS ELIGIBLE?

- Anyone **without** traditional dental insurance may take advantage of our membership plan.

WHAT IS THE COST?

- \$320/year per adult (18+ years)
- \$260/year per child/teenager (3-17 years)
- This fee must be paid in full on start date and no refunds may be given.
- Benefits begin on date of payment and continue for 12 months.
- Renewal will take effect the day after the previous membership finishes, retroactively if necessary.

WHAT DOES MEMBERSHIP INCLUDE?

- 2 exams¹
- 2 “healthy mouth” dental cleanings² **OR** 2 periodontal maintenance (history of/or active periodontal disease)³
- All x-rays deemed necessary by dentist (*bitewing, periapical, and panoramic radiographs*)⁴
- 2 applications of fluoride varnish⁵
- 50% discount on CBCT x-rays⁷, custom whitening trays, and emergency exams⁶
- 10% fee reduction on all other procedures completed **in this office** including but not limited to:
 - Fillings
 - Crowns (includes implant crowns)
 - Veneers
 - Bridges
 - Dentures (Complete and Partial)
 - Scaling and Root Planing
 - Extractions
 - Root Canals
 - Implant Placement
 - Nightguards

LIMITATIONS & EXCLUSIONS

- If patient becomes covered by a traditional dental plan, this plan becomes null & void with no refund of fees.
- Any service referred out, including but not limited to: endodontics, periodontics, orthodontics, and oral surgery.
- Care Credit may be used to pay for treatment, but all other discounts are forfeited.
- Demonstrated non-compliance with the recommended course of treatment.
- Services which, in the opinion of the Dr. Sladky, are neither necessary nor recommended for the patient’s health.
- Dispensing of drugs not normally supplied in the dental office.
- Hospital benefits for any other dental procedure.
- Services for injuries or conditions covered under Workers’ Compensation or Employer’s Liability Laws.
- Services that cannot be performed because of general health, physical, or psychological limitations of the patient.
- CDT codes: ¹ D0150, D0120; ² D1110, D1120; ³ D4910; ⁴ D0210, D0220, D0230, D0330, D0270-D0274; ⁵ D1206; ⁶ D0140; ⁷ D0364, D0365, D0366, D0367

RENEWAL

I authorize automatic renewal of my membership plan and agree to be billed during the 11th month of my current membership year. I may still opt-out of my membership at that time.

Initial: _____



Printed Name: _____

Date: _____

Patient Signature: _____